

Support our future priests

I/We wish to make a gift in the amount of \$ _____
designated for: Bishop Albers Trust Fund
 Sem. Education Fund
 Special Needs Fund

Name(s) _____

Address _____

City, state, zip _____

Parish _____

Parish city _____

Telephone _____

Email address _____

My/Our total gift will be paid as indicated below:

A check payable to the Diocese of Lansing

A pledge to be paid over

12 months Other _____ Beginning _____

With payments to be made Monthly Quarterly

Enclosed is the first pledge payment of \$ _____

Please send me/us pledge reminders based on the schedule
selected above.

A credit card charge on my/our

VISA MasterCard Discover

Name on credit card _____

Card number _____

Expiration _____ CVV2 # _____

Signature _____



Mail to: Vocation Office, 228 N Walnut St., Lansing MI 48933

CATHOLIC DIOCESE OF LANSING

WWW.DIOCESEOFANSING.ORG