

CASH OR CHECK PLEDGE FORM*

* CREDIT CARD/EFT GIFTS, USE OTHER SIDE OF FORM.

_____ Name _____
Mr/Mrs/Ms First Name Spouse Name Last Name

Address _____

City/State/Zip _____

Preferred Phone _____

Preferred Email _____

Please credit my gift to _____
Parish Name Parish City

Parish Use Only
Donor Identification Label

Cash Gift

Check (Payable to: Your Parish Name/DSA)

Total Pledge Amount \$ _____

Amount Paid Now \$ _____

Total Pledge Balance \$ _____

I wish to make my pledge payments monthly in months checked below,
please send me pledge reminders.

May June July August September October
 November December January 2020