

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

_____ Phone _____

Mobile

Home

Work

_____ Email _____

Spouse Email

_____ 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 in the months checked below, please send me pledge reminders.

May June July August September October
 November December January 2023