

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 2025