

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.

☐ April ☐ May ☐ June ☐ July ☐ August ☐ September

☐ October ☐ November ☐ December ☐ January 2027