

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