

## 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.

June     July     August     September     October

November     December     January 2019     February 2019