

Name: _____
 Address: _____
 City/State/Zip: _____
 Phone(s): _____
 Email(s): _____

Parish Association

- St. Mary
- St. Michael
- Neither



In thanksgiving to God for our many blessings, and in order to strengthen our faith community, I/we intend to share

Total Pledge: _____ **Down Payment** *(if applicable, please attach check):* _____ **Balance Remaining:** _____

Payable: Monthly *(36 months)* Quarterly *(12 quarters)* Annually *(3 years)* Other: _____

Method of Payment: Cash/Check *(payable to Legacy of Faith Campaign)* Auto Withdrawal/Credit Card - *Over*
 IRA Charitable Rollover* Stock* *Please call the office at 651-439-4400 for more details or questions

Additional instructions: _____ **Company Match?** Yes No

My/our intent is that this gift will be used solely for the Legacy of Faith Campaign.

Signature: _____ **Date:** _____

Pledges are not legally binding. Pledges payable over three years unless otherwise noted. Check here if you wish to remain anonymous.

Giving Plans to Consider		
Total Pledge	10% Down Payment	(36) Monthly
\$250,000	\$25,000	\$6,250
\$100,000	\$10,000	\$2,500
\$50,000	\$5,000	\$1,250
\$25,000	\$2,500	\$625
\$20,000	\$2,000	\$500
\$15,000	\$1,500	\$375
\$10,000	\$1,000	\$250
\$7,500	\$750	\$188
\$5,000	\$500	\$125
\$3,000	\$300	\$75

Legacy of Faith Capital Campaign • Automatic Giving Authorization Instructions

Option 1 I will set up my own electronic pledge on the parish or school website. (Click Get Involved > Stewardship > Capital Campaign).

Option 2 Please set up my electronic pledge using the information below.

Pay my (check one): down payment recurring payment (default) down payment and recurring payments

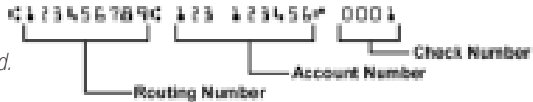
Checking / Savings

Please debit my donation(s) from (check one): Savings Account Checking Account *(attach voided check)*

Routing Number: _____ **Account Number:** _____

Please withdraw on the _____ of the month.

*I authorize the above organization to process debit entries to my account in accordance with the information on this card.
I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.*



Authorized Signature: _____ **Date:** _____

Credit / Debit Card

Card Brand (check one): Visa Mastercard American Express Discover Card

Card Number: _____ **Expiration Date:** _____ **CCV:** _____

Name on Card: _____ **Billing Address** (if different): _____

I authorize the above organization to charge my credit card in accordance with the information on this pledge card.

Signature (as it appears on the card): _____ **Date:** _____