

Name: _____

Address: _____

City: _____ Zip: _____

Parish: _____ E-mail: _____

After prayerful consideration, I/we have decided to support the Diocese through the Bishop's Appeal with a gift by:

- | | |
|---|---|
| <input type="checkbox"/> Pledge gift of 10, 6, 4 or 2 <u>monthly</u> payments (Please circle one.) | <input type="checkbox"/> Check (enclosed) (Please do not send cash) |
| <input type="checkbox"/> Monthly Electronic Fund Transfer (please complete EFT authorization on reverse side) | <input type="checkbox"/> Credit Card (complete credit card authorization on reverse side) |

We appreciate gifts of any size. Thank you and God bless!

BISHOP'S APPEAL PLEDGE

<i>Suggested Pledge</i>	<i>10 Monthly Payments</i>	<i>Suggested Pledge</i>	<i>10 Monthly Payments</i>
CROZIER SOCIETY		OTHER GIFT LEVELS	
<input type="checkbox"/> \$5,000.00	..... \$500.00	<input type="checkbox"/> \$300.00	..... \$30.00
<input type="checkbox"/> \$2,500.00	..... \$250.00	<input type="checkbox"/> \$250.00	..... \$25.00
<input type="checkbox"/> \$1,000.00	..... \$100.00	<input type="checkbox"/> \$200.00	..... \$20.00
<input type="checkbox"/> \$ 750.00	..... \$ 75.00	<input type="checkbox"/> \$150.00	..... \$15.00
<input type="checkbox"/> \$ 500.00	..... \$ 50.00	<input type="checkbox"/> \$120.00	..... \$12.00
		<input type="checkbox"/> Other \$ _____	

*Please make check payable to: Catholic Foundation/Bishop's Appeal
P.O. Box 23001, Green Bay, WI 54305-3001*

TOTAL PLEDGE
\$ _____

ENCLOSED PMT.
\$ _____

Credit Card Authorization

You may charge my credit card \$ _____
per month for _____ months (up to 10 months) to
fulfill the pledge balance of \$ _____

Credit Card type: _____

Card Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiration Date

--	--	--	--	--

Signature

Electronic Fund Transfer Authorization

You may debit \$ _____ on the 1st of the month from
account # _____ for _____ months
(up to 10 months) to fulfill the pledge balance of \$ _____

Signature

**Please also include a voided check for our records.*

*If you at any time would like to discontinue Electronic Fund Transfer
please contact the Catholic Foundation at 877-500-3580.*

*Please check with your employer to see if they
have a matching gift program.*

Thank you for your generous gift and may God bless you and your family!