

Bishop's Appeal

After prayerful consideration, I/we have decided to support the Diocese through the Bishop's Appeal.

\$25

\$50

\$100

\$ _____
Other Gift Amount

Name: _____

Address: _____

City: _____ Zip: _____

Parish: _____ E-mail: _____

I/We Choose To Pay My Gift By

Check (enclosed) (Please do not send cash)

Pledge gift of 10, 6, 4 or 2 monthly payments
(Please circle one payment plan)

Credit Card (pledge or one-time gift)
(complete credit card authorization on reverse side)

Monthly Electronic Fund Transfer (EFT)
(please complete EFT authorization on reverse side)

You may make an online gift at www.catholicfoundationgb.org/give

TOTAL PLEDGE

\$

ENCLOSED PMT.

\$

Make check payable to: CF/Bishop's Appeal
P.O. Box 23001, Green Bay, WI 54305-3001

Credit Card Authorization

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

Card Number

Expiration Date

Month/Year

Signature

Phone Number

Please remember the Bishop's Appeal Endowment in your will.

*If you have any questions or need sample bequest language,
please contact Josh at 920-272-8197.*

Electronic Fund Transfer Authorization

You may debit \$_____ on the **1st** or **15th** (please circle one)
of the month from account # _____
for _____ months (up to 10 months) to fulfill my pledge
balance of \$ _____

Signature

Phone Number

****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.*

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