

## Seminarian Collection

After prayerful consideration, I/we have decided to support our seminarians through the Seminarian Collection.

☐

\$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)

☐

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)

☐

Online Gift at [www.Catholicfoundationgb.org/give](http://www.Catholicfoundationgb.org/give)

**TOTAL GIFT**

\$

**ENCLOSED PMT.**

\$

Make check payable to: CF/Seminarian Collection  
P.O. Box 23001, Green Bay, WI 54305-3001

### Credit Card Authorization

Credit card type: \_\_\_\_\_

Card Number  
\_\_\_\_\_

Expiration Date  
\_\_\_\_\_/\_\_\_\_\_  
Month/ Year

Signature  
\_\_\_\_\_

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

### 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.*

- ☐ I/We have remembered Seminarian education in my will
- ☐ Please send me bequest information

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