

Credit Card Authorization Credit card type:	Ele You ma
Card Number	(up to 10 r
Expiration Date	Signa
Month/ Year Signature You may charge my credit card \$	Ify
per month for months (up to 10 months) to	□ I/We
fulfill the pledge balance of \$	☐ Plea

Electronic Fund Transfer Authorization		
You may debit \$	on the 1st of the month from	
account #	for months	
(up to 10 months) to fulfill the p	ledge 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!