

# 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: \_\_\_\_\_ Email: \_\_\_\_\_

## 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](http://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 Tammy at 920-272-8123.*

## 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!**