

Seminarian Collection

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

_____ Other Gift Amount



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)

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!