



YES! I/We pledge to Capital Campaign

I wish my gift to remain anonymous.

CONTACT INFORMATION

Name
Address
City/ST/ZIP
Email Address
Cell Phone
Comments

PAYMENT PLAN

Total Gift \$

Payment Enclosed \$

Balance Due \$

I intend to make my first payment in _____ (Month) of _____ Year

Please send reminders

Annually Semiannually Quarterly Monthly

PAYMENT METHOD

- Check/Cash
 Real Estate
 Will/Trust
 Stock
 Recurring Giving (*Credit Card/Debit Card Automatic Withdrawal*) through Faith Direct (*Please visit faithdirect.net, using parish code AZ754, or contact the parish office for a form*)
 My gift will be matched by my company
Company Name _____

SIGNATURE

Signature(s) _____

Date _____