

YES! In gratitude to God for the many gifts I/We have received, I/We would like to offer prayers and financial support to CFSA 2018.

- I/We will pray for the success of the CFSA and our Diocesan Church.
  - One-Time Gift via Credit Card (processing fees will apply. See reverse side)
  - One-Time Gift - Check payable to \_\_\_\_\_
  - Monthly Gift via Electronic Funds Transfer or Check (See reverse side)
  - I/We have included my parish and/or diocese in my/our will.
  - Monthly Pledge (10 payments or less) Total amount pledged \$ \_\_\_\_\_
  - I/We would like information on including my parish and/or diocese in my/our will.
- Amount enclosed \$ \_\_\_\_\_  
Balance to be paid \$ \_\_\_\_\_

Member of: \_\_\_\_\_  
Parish Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_

Env # \_\_\_\_\_ ID # \_\_\_\_\_  
Parishioner name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

*Please make any updates to your address or parish before returning.*

**Thank you for your support of the Catholic Family Sharing Appeal 2018!**

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**ADDITIONAL PAYMENT OPTIONS - For more information, please contact your parish.**

Monthly Payment Option via payment to the parish on the following months:

\_\_\_ Feb. \_\_\_ March \_\_\_ April \_\_\_ May \_\_\_ June \_\_\_ July \_\_\_ August \_\_\_ Sept. \_\_\_ Oct. \_\_\_ Nov. \_\_\_ Dec.

Monthly Payment Option via Electronic Funds Transfer (EFT) Authorization (processing fees are applied)

You are hereby authorized to charge my  Checking account (attach a voided check blank) or a  savings account (attach a deposit slip)

\$ \_\_\_\_\_ monthly X \_\_\_\_\_ number of months for CFSA 2018. This charge will occur on the 15th of each month.

All pledges should be completed by December 15, 2018. Total gift = \$ \_\_\_\_\_.

One-Time Gift Credit Card Payment (Processing fees are applied)

\_\_\_\_\_  
CREDIT CARD NUMBER

\_\_\_\_\_  
CARDHOLDER NAME

\_\_\_\_\_  
EXP. DATE

\_\_\_\_\_  
3-4 DIGIT SECURITY CODE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
DAYTIME TELEPHONE

By signing, I authorize my parish or the Catholic Community Foundation to debit/charge my bank account or credit card as noted above.

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