

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

- 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!

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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. This charge will occur on the 15th of each month.

All pledges should be completed by December 15. 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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