

Thank you for your gift to Catholic Family Sharing Appeal.

1 Enclosed is my tax-deductible gift of:

One Time Gift:

☐ A gift of any amount is greatly appreciated \$ _____

Monthly Gift:

☐ A monthly gift of any amount is greatly appreciated \$ _____ /Mo

Member of: _____

2 Gift Amount:

Total amount pledged \$ _____

Amount enclosed \$ _____

Balance to be paid \$ _____

☐ I/We will pray for the success of the CFSA and our Diocesan Church.

3 Payment method:

☐ Check enclosed. Made payable to: Parish: _____

☐ Automatic payment from my checking/savings account (*see backside*)

☐ Credit/Debit (*see backside*)

4 My contact information:

(Please make any updates to your address before returning to your parish.)

Email _____

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

THANK YOU FOR YOUR SUPPORT OF THE CATHOLIC FAMILY SHARING APPEAL 2021!

Thank you for your gift to Catholic Family Sharing Appeal.

1 Enclosed is my tax-deductible gift of:

One Time Gift:

☐ \$500

☐ \$250

☐ \$100

☐ \$50

☐ \$35

☐ Other \$ _____

10 Monthly Payments:

☐ \$50

☐ \$25

☐ \$10

☐ \$5

☐ Other \$ _____ /Mo

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

1

Credit Card



NAME AS IT APPEARS ON CARD (please print)

CREDIT CARD NUMBER

EXP. DATE

CVV

DONOR SIGNATURE

By signing, I authorize my parish or the **Diocese of Sioux Falls** to debit charge my bank account or credit card as noted above. *Processing fees applied.*

2

☐ I authorize the **Diocese of Sioux Falls** to withdraw

\$ _____ automatically from my checking/savings account.
(Enclose a voided check or deposit slip) *Processing fees applied.*

3

Payment Details

Electronic payments will be processed on the 15th of each month.

Monthly Givers Only

Please charge my card:

☐ Only through Dec. 2021

One-Time Givers Only

☐ I have enclosed a check for the full amount.
(Checks payable to your parish)

☐ Please charge my card for the full amount.

Pledges must be paid in full by December 15, 2021

Other/Special Instructions:

4

Leave a Legacy

☐ Yes, I would like to learn more about how to leave my parish, the Diocese of Sioux Falls and/or other ministries I care about in my estate plans.

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