



# St. John Fisher Catholic Church

## CAMPAIGN 21: COMPLETING THE VISION

### PLEDGE FORM

DONOR INFORMATION <i>(Please Print)</i>										
Last Name:				First Name(s):				Parish ID#:		
HOME ADDRESS <input type="checkbox"/> <i>This is my billing address</i>										
Address:				City:				St:		
Email:				Home #:				Cell #:		
PLEDGE INFORMATION										
I/we pledge a total of:	\$			Over a period of:	Years:	Months:		<input type="checkbox"/> One-time		
Pledge Payment Schedule:	<input type="checkbox"/> Annually	To be paid in the month of:			<input type="checkbox"/> Semi-Annually	To be paid in the months of:				
	<input type="checkbox"/> Quarterly	To be paid in the months of:			<input type="checkbox"/> Monthly					
Initial Payment:	\$			<input type="checkbox"/> Enclosed	<input type="checkbox"/> Other:			Beginning on (MM/YY):	/	
Method of Payments:	<input type="checkbox"/> Check	<input type="checkbox"/> EFT/Credit/Debit (via Faith Direct)			<input type="checkbox"/> Stock Transfer		<input type="checkbox"/> Other:			
PLEDGE/GIFT DESIGNATION										
<input type="checkbox"/> Unrestricted	<input type="checkbox"/> Other:									
<input type="checkbox"/> Restricted	Specification:									
RECOGNITION										
The following is the manner in which my/our name is authorized to appear on any official/public recognition for the St. John Fisher Catholic Church Capital Campaign:										
<input type="checkbox"/> Name(s):										
<input type="checkbox"/> Anonymous:	I/we wish for our gift to remain anonymous.									
<input type="checkbox"/> In memory of:	<input type="checkbox"/> In honor of:									
<input type="checkbox"/> Reserve the following naming opportunity:										
<input type="checkbox"/> Other:										
SIGNATURE(S):	X _____						DATE:	/ /		
	X _____						Make checks out to <u>St. John Fisher Catholic Church</u> , with memo <u>Campaign 21: Completing the Vision</u> . Pledge reminders will be sent ahead of scheduled payment deadlines.			