



OLD ST. MARY'S PARISH
TRADITIONS SHAPING TOMORROW CAPITAL AND ENDOWMENT CAMPAIGN
PLEDGE FORM



I/We would like to support the OLD ST. MARY'S PARISH *Traditions Shaping Tomorrow* CAPITAL AND ENDOWMENT CAMPAIGN with a pledge of \$_____.

PLEASE PRINT OR TYPE

FIRST NAME (S): _____ LAST NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____ DAY TIME PHONE: _____

E-MAIL ADDRESS: _____ EVENING PHONE: _____

DONOR SIGNATURE: _____ DATE: _____

2ND DONOR SIGNATURE: _____ DATE: _____

GIFT PLEDGE SUMMARY: TOTAL PLEDGE: _____ PAID TODAY: _____ BALANCE DUE: _____

PLEDGE TO BE PAID OVER: 1 year, 2 years, 3 years, 4 years, 5 years ----- Single payment

DESIRED PAYMENT SCHEDULE: ANNUALLY____, SEMI-ANNUALLY____, QUARTERLY____, MONTHLY____

I/WE PLAN TO MAKE PLEDGE PAYMENTS VIA CREDIT CARD. CARD TYPE: AMERX____ VISA____ MC____ DISCOVER____

CREDIT CARD NUMBER: _____ EXPIRATION DATE: _____

NAME ON CARD: _____

I/WE PLAN TO MAKE PAYMENTS VIA AUTOMATIC BANK WITHDRAWAL. NAME OF BANK: _____

9 DIGIT BANK ROUTING NUMBER _____

YOUR BANK ACCOUNT NUMBER: _____ CHECKING: _____ SAVINGS: _____

I/WE WISH TO MAIL IN MY (OUR) PAYMENTS. (*COUPONS FOR MAILING PAYMENTS WILL BE PROVIDED IF YOU SELECT THIS OPTION.*)

I/WE PLAN TO MAKE PAYMENTS VIA APPRECIATED STOCK OR OTHER SECURITIES. PLEASE CONTACT ME.

I/WE WOULD LIKE TO CONSIDER A PLANNED OR DEFERRED GIFT.

MY COMPANY OFFERS A MATCHING GIFT PROGRAM. MY COMPANY NAME IS: _____

DONOR RECOGNITION

I/WE WISH THE GIFT TO BE ANONYMOUS.

I/WE WISH TO MAKE THE GIFT IN MEMORY OF _____.

I/WE WISH TO MAKE THE GIFT IN HONOR OF _____.

PLEASE MAKE CHECKS PAYABLE TO:

OLD ST. MARY'S CAPITAL CAMPAIGN

MAIL OR BRING PLEDGE FORM TO: OLD ST. MARY'S PARISH, 1500 S. MICHIGAN AVE., ATTN: BUSINESS MANAGER

CHICAGO, IL 60605 TEL: 312-922-3444

www.oldstmarys.com