

ANNUAL CATHOLIC APPEAL 2010

Please make check payable to: **DIOCESE OF MADISON.**

PLEASE DETACH AT THE PERFORATION AND PLACE INSIDE ENVELOPE.



2010 PLEDGE

FIRST NAME _____ LAST NAME _____

SPOUSE NAME _____

ADDRESS _____ APARTMENT/UNIT # _____ NEW ADDRESS

CITY _____ STATE _____ ZIP CODE _____

(_____) _____

TELEPHONE _____ E-MAIL _____

PARISH _____ CITY _____

- I would like to charge my credit/debit card: One-Time Charge Monthly Charges
(Credit/debit card information is located on the back of this form.)
- I have already given to the 2010 Annual Catholic Appeal.
- I do not wish to make a gift to the Annual Catholic Appeal at this time.
- I would like to include my parish/diocese in my will. Please contact me.

ACA10 IPE

Yes, I support the ACA!

Suggested Total Pledge (5) Monthly Payments

Lumen Christi Society (\$1,000 or more)

\$ 1,000.00.....\$200.00/mo.

Circle of Charity

\$ 750.00.....\$150.00/mo.

Circle of Hope

\$ 500.00.....\$100.00/mo.

\$ 350.00.....\$ 70.00/mo.

Circle of Faith

\$ 250.00.....\$ 50.00/mo.

Other Gift Levels

\$ 200.00.....\$ 40.00/mo.

\$ 150.00.....\$ 30.00/mo.

\$ 125.00.....\$ 25.00/mo.

Other.....\$ _____

Total Amount Pledged: \$ _____

Amount Enclosed: \$ _____

Balance to be Paid: \$ _____

Credit Card / Debit Card / EFT Information



I would like to charge my credit card/debit card: One-time* Monthly**

Please charge my: Visa MasterCard

Credit/Debit card number: _____ Expiration Date: _____

Print name as it appears on card: _____

I would like to have monthly EFT payments*** taken from my checking account (enclose a VOIDED check.)

Name(s) as they appear on checking account: _____

Signature _____ Date _____

* One-time credit card charges will be processed upon receipt.

** Monthly credit card charges will be processed on or about the 15th of each month.

*** Monthly automatic payments from a checking account will occur on or about the 20th of each month.

Please include a VOIDED check from your checking account with an automatic payment.