

2016 Catholic Services Appeal



2805 Highway 55, Suite 210 | Plymouth, MN 55441
T: 612-294-6622 | www.csafspm.org

- I have already mailed my pledge
 I do not wish to contribute at this time

Name: first _____ Last _____
 Address _____ Apt _____
 City/State/Zip _____ Telephone _____
 Please credit my gift to (Parish Name City) _____
 I have already mailed my pledge to the 2016 Catholic Services Appeal.
 I do not wish to contribute at this time.
 Please send me information on planned giving.
 Credit Card Information Visa MasterCard Discover AmEx
 Credit Card Payment Plan Options 10 Monthly Payments Single Payment
 Other Payment Options (see reverse) Check Automatic Withdrawal Other _____
 Credit Card Number _____ Expiration Date _____
 Signature _____ Today's Date _____
 Email _____

IP-B

Your gift is tax-deductible. If paying by check, please make your check payable to

CATHOLIC SERVICES APPEAL FOUNDATION

My gift is a restricted gift to the Designated Ministries

suggested pledge	10 monthly payments	suggested pledge	10 monthly payments
<input type="checkbox"/> \$1,500.00 \$150.00	<input type="checkbox"/> \$250.00 \$25.00
Deo Gratias Society		Circle Of Hope	
<input type="checkbox"/> \$1,000.00 \$100.00	<input type="checkbox"/> \$200.00 \$20.00
Circle Of Charity		Other Gift Levels	
<input type="checkbox"/> \$500.00 \$50.00	<input type="checkbox"/> \$125.00 \$12.50
Circle Of Faith		<input type="checkbox"/> Other \$ _____
Total Amount Pledged..... \$ _____		Amount Enclosed..... \$ _____	
Balance To Be Paid..... \$ _____			

Thank you for pledging today.

Additional Payment Options

• Automatic Withdrawal - Monthly through January 2017

Starting in April, please have \$ _____ automatically deducted from my checking account monthly until the total amount pledged on the front of this card is paid in full. YOU NEED TO ATTACH A VOIDED CHECK. Deductions will be made on the 20th of the month.

By signing, I authorize the Appeal Foundation to debit/charge my account.

Signature _____ Date _____ Telephone _____
 Please fill out your name and address on the other side of this form.

• Gifts of Stock - Please call the Appeal Foundation at 612-294-6622

• Online Giving - Please visit www.csafspm.org

When you provide a check as payment, you authorize us either to use the information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use the information from your check to make an electronic funds transfer, funds may be withdrawn from your account as soon as the same day we receive your payment and you will not receive your check back from your financial institution.