ST. THERESE PLEDGE CARD

Name(s):_____
Prefix First Last

Mailing address:_____
Address City State Zip

Telephone:_____

Email:_____

I PLEDGE:

( ) $1,000 ( ) $500 ( ) $250 ( ) $100

( ) $83.50 ( ) $75 ( ) $50 ( ) Other $_____

As follows: ( ) Each Month (for 24 months) ( ) One Time Only

Signature:_____

Date:_____

MAIL TO: Kate Wilson
2268 Eden Rd.
Abilene, KS 6741

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