



St. Mary
Catholic Church

PLEDGE CARD

Name

Address

Phone number

City

State

Zip

Email

Gift amount: I/We pledge \$_____ to the campaign for St. Mary Catholic Church to be paid over the next three years

Please send us reminders: Monthly Quarterly Semi-Annual Annual Other: _____

Please make checks out to: *St. Mary Catholic Church*

Signed: _____

Date: _____

St. Mary Catholic Church Automatic Campaign Pledge Payment Plan

I (We) authorize St. Mary Catholic Church to initiate debit entries to my (our) checking or savings account indicated below, and the Financial Institution named below to debit the same to such account.

This authority is to remain in full force and effect until St. Mary Catholic Church and the Financial Institution has received written notification from me (or either of us) of its termination in such time and in such manner as to afford St. Mary Catholic Church and the Financial Institution a reasonable opportunity to act on it.

Financial Institution Name

Name(s) (please print)

City

State

Zip

Signed

Financial Institution Routing Number (9 digits)

Date

Phone

Account Information (*choose one*)

Checking Account #

Savings Account #

Amount

Amount

Frequency of debit: The debit will occur on the tenth business day of each month.

THANK YOU FOR YOUR CONTRIBUTION!