CATHOLIC SERVICES APPEAL 2021 - <u>Cash or Check</u>

(PLEASE PRINT)	First Name		Last Name:			
Where the money will go: Suggested monthly pledge plans Our Catholic Services Appeal Monthly Gift My Total Gift Assessment is: \$68,405.00 \$100 \$1.000 Money raised in excess of our assessment \$45 \$400 will go to Capital improvements for Our Lady \$40 \$400 of Mercy. \$30 \$300 Step 17 CASH OR CHECK Please Choose ONE Option In This Box For Faith Direct Contributions See Reverse Side. Monthly Payment Semi-Annual Payment \$						
Our Catholic Services Appeal Assessment is : S68,405.00 Monthly Gift \$100 \$50 \$500 \$400 \$400 \$400 \$400 \$30 \$300 \$25 \$250 Money raised in excess of our assessment will go to Capital Improvements for Our Lady of Mercy. Section 100 \$45 \$400 \$400 \$400 \$30 \$300 \$25 \$250 Monthly Payment \$	Address		Phone number			
Step 1 Please Choose ONE Option In This Box For Faith Direct Contributions See Reverse Side. Monthly Payment Semi-Annual Payment \$	Our Catholic Services Appeal Assessment is : \$68,405.00 Money raised in excess of our assessment will go to Capital Improvements for Our Lady		<u>Monthly Gift</u> \$100 \$50 \$45 \$40 \$30	<u>My Total Gift</u> \$1,000 \$500 \$450 \$400 \$300		
\$	Step 1 Please Choose <u>ONE</u> Option In This Box					
\$Total Pledge See other Side \$	\$ x 10 months = \$		(June & De \$	(June & December) \$x 2 = \$		
Email Reminder (Include Email Address:) Standard Mail Reminder SELECT REMINDER FREQUENCY: Please Choose ONE Option In This Box Monthly reminder Bi-Monthly reminder Semi-Annual reminder Thank you for your generosity and kindness to the people of the Diocese of Erie. For Office Use Only	•			-		
Step 3 Monthly reminder Bi-Monthly reminder Semi-Annual reminder Thank you for your generosity and kindness to the people of the Diocese of Erie. For Office Use Only	Step 2 Email I (Includ	Reminder e Email Address:	PE: Please Choose Of	NE Option In This Box		
	Step 3	y reminder Bi-	Monthly reminder	Semi-Annual reminder		

CATHOLIC SERVICES APPEAL 2021 - Faith Direct

First Name ______ Last Name: _____

Step 1

(PLEASE PRINT)

Address _____ Phone number _____

FAITH DIRECT

Please Choose **ONE** Option In This Box For Cash or Check Contributions See Reverse Side

Monthly Payment on Faith Direct

\$_____ x 10 months = \$_____ for the year (Total Pledge)

One-Time Payment on Faith Direct

\$ Total Pledge paid on Date:

Semi-Annual Payment on Faith Direct (June & December)

\$ x 2 = \$ For the year (Total Pledge)

FAITH DIRECT

Please Choose **ONE** Option In This Box

□ I have an existing account with Faith Direct and I authorize Faith Direct to make this change.

*. If you choose this option, Faith Direct will add your CSA contributions for you. **You must sign below.***

Signature:

Step 2

-OR-

□ I will adjust my account personally.

If you choose this option, you will have to update your Faith Direct account to automatically withdraw your CSA contributions.

Sign Up for Faith Direct on the Parish Website, or pick up a brochure on the Bulletin tables.

!	<u>For Office Use Only</u>						
	□ Paid in full			Faith Direct (If applicable)			