



ST. MONICA CATHOLIC CHURCH & SCHOOL

To support ***Building Our Legacy for the Next Century***, I am/we are pleased to pledge over the next 5 years:

TOTAL PLEDGED: _____

INITIAL PAYMENT: _____

BALANCE: _____

FORM OF PAYMENT:

☐ CHECK ☐ EFT
☐ CREDIT CARD

BALANCE TO BE PAID:

☐ ANNUALLY ☐ SEMI-ANNUALLY
☐ QUARTERLY ☐ MONTHLY

I/WE WANT TO BEGIN PAYMENTS ON: _____
DATE

NOTES: _____

SIGNATURE: _____ DATE: _____

THANK YOU FOR YOUR GENEROSITY.

DONOR INFORMATION:

TITLE: _____ NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ E-MAIL: _____

MATCHING GIFT INFORMATION

***Complete ONLY if your employer will
match your gift.***

Company Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone #: _____

CREDIT CARD/ EFT INFORMATION

***Complete ONLY if you chose to make payments via
credit card or Electronic Fund Transfer.***

***To protect our donors' information, St. Monica's will
send instructions to complete credit card and EFT
processing.***

E-mail: _____