

Pledge Card

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Parish _____

E-mail Address _____

I would like to speak to a Catholic Charities representative about making a special gift. Yes No

Does Catholic Charities have permission to publish your name as a donor?
 Yes No

Annual gift: \$ _____

Amount paying today: \$ _____
 Check Cash

Balance: \$ _____

I will pay my balance by August 2010 in the following way:

- 10 payments (Nov. 2009 - August 2010)
- Quarterly (4 payments)
- Semiannually (2 payments)
- Credit Card*
- Electronic Funds Transfer*

Signature _____

Date ____ / ____ / ____

Make checks payable to:
Catholic Charities' Annual Appeal

*SEE REVERSE SIDE OF PLEDGE CARD
FOR CREDIT CARD PAYMENT
OR ELECTRONIC FUNDS TRANSFER.

This side of pledge card MUST BE COMPLETED.

Alternative Payment Methods

CREDIT CARD PAYMENT

(one-time payment only)

AmEx Discover MC VISA

____ / ____ / ____ / ____

Expiration Date ____ / ____

Security Code _____

Name on Card

Signature Required

Contribution \$ _____

ELECTRONIC FUND TRANSFER

(new form must be submitted yearly)

Total Pledge \$ _____

For monthly EFT transfer ÷ 10
(10 monthly payments beginning Nov. 2009)

AUTHORIZATION AGREEMENT FOR DIRECT
PAYMENT TO CATHOLIC CHARITIES OF THE
ARCHDIOCESE OF OKLAHOMA CITY

Name of Financial Institution

City _____ State _____

IMPORTANT:

VOIDED CHECK MUST BE ATTACHED TO PROCESS
(NO DEPOSIT SLIPS)

If your account information changes in any way
(card expires, card lost, etc.), please notify Catholic Charities
in writing as soon as possible.

Print Name: _____

Signature Required

Date: ____ / ____ / ____