

Our Lady of the Assumption Capital Campaign

Name: _____

Street: _____

City, State, ZIP: _____

E-Mail: _____

My pledge to support the **Our Lady of the Assumption** capital campaign is in the amount of \$ _____ which will be paid over ____ years beginning _____, _____ (month, year) in installments as follows: annually semi-annually quarterly monthly. No invoices will be sent.

My/our gift is a: Personal Gift Corporate Gift Foundation Gift

Form of Payment: Check Charge Bank Debit Securities Real Estate Other _____

Please write "Capital Campaign" on all payments to ensure proper credit. Thank you.

Credit Card: Visa MasterCard American Express You may charge my card without prior authorization based on the payment

Account #: _____ Exp. Date: _____ Signature: _____

Bank debit (withdrawal date 5th of month): Bank routing number: _____ Acct. No.: _____ Name/s on Account: _____

Securities or other property: A representative of Our Lady of the Assumption will contact you with transfer instructions and gift acceptance guidelines.

Gift Recognition for Plaques & Publications

- I want my/our gift to be anonymous. This means that my/our name (s) and gift will not be shared on the donor wall/walk, list of supporters, or other campaign-related publications.

Or

- My/our name(s) may appear on all materials (e.g., donor wall or walk, list of supporters, other campaign-related publications).

Please list my/our Name (s) as (please print): _____

Or My/our gift is: In honor of or In memory of: _____

I understand that Our Lady of the Assumption is relying on this pledge as the basis for undertaking the work for which the pledge is made and that this pledge is considered binding. I agree to the above sum with the understanding that Our Lady of the Assumption may make commitments in reliance on this pledge. Please send me a reminder prior to my due date.

Signed _____

Date _____

Contact _____
 Other _____

Name: _____
 Street: _____
 City, State, ZIP: _____

Pledge No.: _____ **Report No.:** _____ **Total Pledge Amount:** \$ _____

Terms: annually semi-annually quarterly monthly
 Over _____ years beginning _____ (month/year).

NOTES

- Pledge Acknowledgment Sent.
 Date _____ Initials _____
- _____
- _____
- _____
- _____

PLEDGE RECORD

	Due Date	Amount Due	Date Received	Amount Paid	Balance
1					
2					
3					
4					
5					
6					
7					
8					
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10					
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12					
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