

Please make checks payable to:
St. Clare of Assisi Capital Campaign

Name _____

Address _____

City / State / Zip _____

Phone # _____

Envelope # _____

E-mail _____

I / we pledge to the campaign as follows:

\$ _____
Total Pledge

\$ _____
Down Payment

\$ _____
Balance Due

I / We prefer to pay the balance:

- Monthly Quarterly
 Semi-Annually Annually

Over a period of:

- 3 Years 2 Years
 1 Year Other: _____

For gifts via ACH debit, please complete the ACH Authorization Form or contact the campaign office.

Signature: _____

For Office Use Only			<input type="checkbox"/> Cash	<input type="checkbox"/> ACH Debit	<input type="checkbox"/> Check# _____
Date	Payment	Auditor			