

St. Mary's Syro-Malabar Catholic Church CAPITAL CAMPAIGN PLEDGE FORM

Donor Information

Full Name: _____
Last First M.I.

Spouse Full name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Family Name: _____ () ()
Home Phone No: Other Phone No:

Envelope Number: _____

Pledge Information

I/we pledge to the Campaign as follows:

TOTAL PLEDGE: _____

DOWN PAYMENT: _____

BALANCE DUE: _____

Please make check payable to:
St. Mary's Syro-Malabar Catholic Church Capital Campaign

I prefer to pay the balance as follows:

- | | | | |
|--|-------------------------------|-------------------------------|----------------------------------|
| <input type="radio"/> Monthly | <input type="radio"/> 60 pmts | <input type="radio"/> 66 pmts | <input type="radio"/> _____ pmts |
| <input type="radio"/> Quarterly | <input type="radio"/> 20 pmts | <input type="radio"/> 22 pmts | <input type="radio"/> _____ pmts |
| <input type="radio"/> Semi-Annually | <input type="radio"/> 10 pmts | <input type="radio"/> 11 pmts | <input type="radio"/> _____ pmts |
| <input type="radio"/> Annually | <input type="radio"/> 4 pmts | <input type="radio"/> 5 pmts | <input type="radio"/> _____ pmts |
| <input type="radio"/> Single Payment. \$ _____ | | | |

(Please select payment interval from the options above)

Bank automated deduction. (Please complete the attached form and provide a void check.)

Signed _____ Date: _____

For Office Use Only

ASSIGNMENT STUB

Envelope#	Ledger #	Cash \$ _____	Direct Deduction: Y/N
Check #	Amount \$ _____	Campaign Chair person	
Date:	Campaign Bookkeeping		Vicar _____