



Dear Fr. Reynold, to help **ON FIRM FOUNDATION**, I/We pledge:

- \$_____/ month for ___ years for a total pledge of \$_____
- \$400/month** (\$100/week) for 5 years for a total pledge of \$24,000
- \$250/month** (\$63/week) for 5 years for a total pledge of \$15,000
- \$200/month** (\$50/week) for 5 years for a total pledge of \$12,000
- \$100/month** (\$25/week) for 5 years for a total pledge of \$6,000
- \$60 /month** (\$15/week) for 5 years for a total pledge of \$3,600
- \$40 /month** (\$10/week) for 5 years for a total pledge of \$2,400

I/WE WOULD LIKE TO PAY THE PLEDGE

- Monthly Quarterly Semi-Annually Annually

I/We want to begin payments:

- (MM/YY): ____/____ ; or
- At the end of my/our first pledge.

FORM OF PAYMENT

- Check/Money Order: *Holy Trinity: On Firm Foundation*
- Credit Card (See box below)
- Electronic Fund Transfer (See box below)
- Stocks (Stock processing instructions will be sent)

Full Name (Please print your full name as you wish to be acknowledged)

Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____

E-mail: _____

Signed: _____ Date: _____

Thank you for your generosity!

DONOR

ACKNOWLEDGMENT

- It's ok to list my/our name only
- I/We wish to remain anonymous.
- In memory/honor of: _____

CREDIT CARD PAYMENTS

- Visa American Express Master Card Other

Name on Card: _____

Credit Card #: _____

Expiration Date: _____ CCV Code: _____

Please charge my credit card \$ _____

On the 1st 15th of each month starting: ____/____/____
MM/YY

Signature: _____ Date: _____

ELECTRONIC FUNDS TRANSFER

- Savings Account Checking Account

Account #: _____

Routing #: _____

Please debit my account \$ _____

On the 1st 15th of each month starting: ____/____/____
MM/YY

Signature: _____ Date: _____

Estate & Other Gifts

Value of Estate/Other Gift: _____

Type of Estate/Other Gift

- Will 401K IRA Bequest
- Charitable Gift Annuity Other

Matching Gifts

Name of employer: _____

Amount to be matched: \$ _____