



St. Thomas More Parish

PLEDGE CARD

Name:

Address:

Phone number:

City,

State,

Zip:

Email:

Gift Amount: I / We pledge \$ _____ to the campaign for *St. Thomas More* to be paid over the next three years.

Please send us reminders: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually ☐ Other _____

Please Make Checks out to: *St. Thomas More Campaign*

Signed: _____, _____

St. Thomas More's Automatic Campaign Pledge Payment Plan (We) authorize St. Thomas More Church to initiate debit entries to my (our) checking or savings account indicated below and the Financial Institution named below to debit the same to such account.

Financial Institution Name: *(Name of your bank)*

City:

State:

Zip:

Transit / ABA / Routing number: *(9 digits)*

Account Number: ☐ Checking account number _____
(please mark one) ☐ Savings Account number _____

Please attach a voided check for the account marked above.

Amount \$ _____ *(Capital Campaign Pledge Payment only)*

Frequency of debit: The debit will occur on the tenth business day of each month.

This authority is to remain in full force and effect until St. Thomas More and the Financial Institution has received written notification from me (or either of us) of its termination in such time and in such manner as to afford St. Thomas More Church and the Financial Institution a reasonable opportunity to act on it.

Name(s): *(please print)* _____, _____

Signed: _____

Date:

Phone: _____

Credit Card Information: Enter in the following information if you're using a credit card to make your donation.

Credit Card Number: _____

Expiration Date and CVV: *(card verification value):* _____

Card holder's name: _____

Signature: _____

Thank you for your contribution.