

Ss. Robert & William Catholic Parish
SPECIAL APPEAL 2016

___ Yes, I can commit to sharing \$500 over the next 5 months.

OR

___ Yes, I can commit to sharing \$___ over the next 5 months.

Name _____

Address _____

Email: _____ Phone: _____

___ Total amount enclosed: \$500 or \$___

___ First payment enclosed; please bill me monthly for the remaining balance.

___ Please charge my credit or debit card \$100 or \$___ each month on the 30th of June - October (5 times).

Name on Credit Card: _____

Credit Card Number: _____

Exp Date: _____ CCV: _____

Thank you so much for your stewardship commitment to SRW! It is greatly appreciated! Be assured you are remembered in my prayers. - *Fr. John D. Betters*, Pastor