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Bishop's Annual Appeal
197 E Gay Street
Columbus, OH 43215

2020 BISHOP'S ANNUAL APPEAL

This area is for Parish Use Only when donor returns envelope to the collection basket
(Place donor's pink identification label here)

DO NOT SEND CASH WHEN MAILING THIS PLEDGE ENVELOPE
PLEASE MAKE CHECKS PAYABLE TO: PARISH NAME - B.A.A.

| | SUGGESTED GIFT PLAN | 5 MONTHLY PAYMENTS OF | 8 MONTHLY PAYMENTS OF |
|---------------------|------------------------|--------------------------|--------------------------|
| CIRCLE OF ANGELS | \$10,000 | \$2,000 | \$1,250 |
| CIRCLE OF SHEPHERDS | \$5,000 | \$1,000 | \$625 |
| CIRCLE OF STEWARDS | \$2,500 | \$500 | \$312.50 |
| CIRCLE OF PATRONS | \$1,500 | \$30 | \$187.50 |
| CIRCLE OF FRIENDS | \$1,000 | \$200 | \$125 |
| CIRCLE OF HOPE | \$500 | \$100 | \$62.50 |
| | \$250 | \$50 | \$31.25 |
| | \$100 | \$20 | \$12.50 |

I am/we are interested in learning from The Catholic Foundation how an estate plan can benefit our parish, school or the Diocese.

MR. & MRS./MR./MS.: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: _____

PARISH: _____ CITY: _____

TOTAL GIFT PAYING NOW \$ _____
\$ _____

CHECK CASH

BALANCE \$ _____

I WISH TO PAY THE BALANCE:

CREDIT OR DEBIT (SEE BELOW) OR
 BILL ME IN THE FOLLOWING MONTHS:

2020

AUGUST

SEPTEMBER

OCTOBER

NOVEMBER

DECEMBER

2021

JANUARY

FEBRUARY

MARCH

ELECTRONIC FUNDS TRANSFER (EFT)

IMPORTANT - COMPLETE ALL INFORMATION BELOW and COMPLETE NAME & ADDRESS ON THE TOP HALF!

I authorize the Catholic Diocese of Columbus to electronically withdraw \$ _____ per month for _____ CONSECUTIVE months (up to 8 months) starting in _____ (August-March) to fulfill my pledge balance of \$ _____

Please make this electronic transfer on the 5th 20th of each month from my

Visa Mastercard Discover American Express Checking Account

ENCLOSE A VOIDED CHECK

Credit Card No. _____
(13-16 digits)

Expires: Mo. Yr. _____

Name on Credit Card: _____

(Please Print)

Billing Address (if different): _____

Signature: _____ Daytime Phone: () _____