

# St. Charles Catholic Church

410 7<sup>th</sup> St N

Oakes, ND 58474-1002

*“Entrust your works to the Lord,  
and your plans will succeed.”*

*Proverbs 16:3*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Please see back for pledge / donation information.

**One Time Gift** (Make check payable to *St. Charles Church*)

\$5,000    \$2,500    \$1,000    \$500    Other \$ \_\_\_\_\_

Total Pledge \_\_\_\_\_ Amount Enclosed \_\_\_\_\_

I (we) hereby authorize St. Charles Church or their card processor to automatically withdraw \$ \_\_\_\_\_ from my checking /savings account each month for \_\_\_\_\_ months. I understand that this authority will remain in effect until I (we) provide reasonable notification to terminate the authorization. ***Enclose a voided check or deposit slip.***

**For assistance, please call:**

Fr. Timothy Schroeder                      701-520-0838 or

Janice Frojen                                      701-388-9800

Please charge my donation for the Renewal Project in the amount of \$ \_\_\_\_\_ .

**One-time donation**

**Monthly donation** of \$ \_\_\_\_\_ x \_\_\_\_\_ months



Credit Card # \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Exp. Date \_\_\_\_ / \_\_\_\_ Today's Date \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

*By signing, I authorize St. Charles Church or their card processor to debit/charge my account as listed above.*