

***Yes, Bishop Bevard!
I want to help you to help other Virgin Islanders!***

(Please print)

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone Number(s) _____

Home Parish _____

___ \$5,000

___ \$2,500

___ \$1,000

___ \$500

___ \$250

___ \$100

___ Other \$ _____

Method of Payment

___ Total Amount Enclosed \$ _____

___ Monthly Payments \$ _____

___ Quarterly Payments \$ _____

___ Amex

___ MasterCard

___ Visa

Credit Card Number

Exp. Date

Security Code

Signature _____

***Please make checks payable to: Diocese of St. Thomas All gifts
are tax deductible. May God bless you!***

**Mail to: Bishop's Appeal 2019
Diocese of St. Thomas in the Virgin Islands
P.O. Box 301825
St. Thomas, VI 00803**