



PLEDGE SET UP – MAIL IN FORM

Please print and return this with your remittance.
A receipt will be mailed to you.
We are truly grateful for your support.

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

I would like to set up a recurring payment on the ____ day of each month until I cancel.

Amount of monthly donation: _____ (\$5.00 per month minimum)

Check: Made payable to the **Catholic Foundation**. Mail to the address at the bottom of this form.

I would like to have my payment charged accordingly:

Checking/Savings Account: Account Number # _____ Routing # _____
(Please include a "voided" check blank.)

Credit Card Debit Card: Account Number # _____

Expiration date: _____ Name on the card: _____

Signature: _____ Date: _____

Online: www.CFWND.com

I request that my donation be designated to the following endowment(s):

- Seminarian Scholarship Endowment Fund
 - Priests' Care Endowment Fund
 - Catholic School and Religious Education Endowment Fund
 - Women Religious Vocation Endowment Fund
 - A Parish Endowment Fund (Write the name and location of the parish on blank line below)
 - A Catholic School Endowment Fund (Write the name and location of the school on blank line below)
 - A Family Named Endowment Fund (Write the name of Family Endowment Fund on blank line below)
- _____

Please mail this form to the Catholic Foundation of Western North Dakota, PO Box 1175, Bismarck, ND 58502-1175. If you have any questions or would like any additional information, please contact Ron Schatz at (701) 204-7202.

**Donations to the Catholic Foundation are tax-deductible as permitted by law.
Remember that annual, combined donations of \$5,000 or more to a single, qualified
ND endowment fund may qualify for a 40% ND Tax Credit!**