



Name: _____
 Street Address: _____
 City, State, Zip: _____
 Best Phone #: _____
 Best Email: _____

BUDGET YOUR GIFT OVER THE THREE-YEAR INTENTION PERIOD

CAMPAIGN GIFT	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
\$1,095	\$365	\$183	\$91	\$30
\$1,800	\$600	\$300	\$150	\$50
\$3,600	\$1,200	\$600	\$300	\$100
\$5,400	\$1,800	\$900	\$450	\$150
\$7,200	\$2,400	\$1,200	\$600	\$200
\$9,000	\$3,000	\$1,500	\$750	\$250
\$12,000	\$4,000	\$2,000	\$1,000	\$333
\$15,000	\$5,000	\$2,500	\$1,250	\$417
\$24,000	\$8,000	\$4,000	\$2,000	\$667
\$36,000	\$12,000	\$6,000	\$3,000	\$1,000
\$54,000	\$18,000	\$9,000	\$4,500	\$1,500
\$100,000	\$33,333	\$16,667	\$8,333	\$2,778
\$250,000	\$83,333	\$41,667	\$20,833	\$6,944
\$500,000	\$166,667	\$83,333	\$41,667	\$13,889
\$1,000,000	\$333,333	\$166,667	\$83,333	\$27,778

I WANT TO MAKE A DIFFERENCE! HERE IS MY GIFT TO HELP *DEEPEN DISCIPLESHIP AND EXPAND MERCY* AT ST. FAUSTINA

Total Gift \$ _____
 Initial Payment Enclosed \$ _____
 Balance \$ _____

My gift will be matched by my employer:
 Employer Name: _____

PAYMENT PREFERENCE

Monthly Quarterly Semi-Annually Annually One-Time
 >> Payment Start Date (Month/Year) _____

PAYMENT OPTIONS

- Check made payable to "St. Faustina Campaign"
- Credit/Debit /Automatic Withdrawal online via
 Faith Direct at: stfaustinacatholicchurch.org
 Code: TX676
- Mutual Funds/Stock*
- Real Estate*
- Life Insurance*
- Other*: _____

RECOGNITION

Please indicate how you would like to be recognized.
 Write "anonymous" if you do not wish to be.
 (Please print clearly)

SIGNATURE _____

* A St. Faustina representative will contact you regarding details