

2020 DIOCESAN ANNUAL CAMPAIGN

GIVING OPTIONS

Parish: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

__ Pledge \$

Payment Enclosed Balance Due
\$ _____ \$ _____
__ 8 monthly payments (May-December)

__ One-Time Payment \$

__ I would like more information on planned giving.

__ I have remembered my Parish, Catholic School or the Diocese in my will.

Thank you for your Gift!
Give online www.hbgdiocese.org/dac

PLEASE PRINT THIS PAGE.
FILL OUT THE INFORMATION AND RETURN IT TO

HOLY INFANT PARISH
535 CONEWAGO CREEK RD
MANCHESTER, PA 17345