



Pledges may be made online at
www.avemariaparish.org/pledge-card.



OUR HOME, HIS HOUSE, *Our Children's Future.*

A CAMPAIGN FOR
AVE MARIA CATHOLIC CHURCH

DONOR INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Email: _____

LEAVE YOUR LEGACY

Have you included Ave Maria Catholic Church
as part of your will, life insurance, or estate plan? *(Please check one)*

Yes No No, but I'm interested.

SUGGESTED GIFT PLANS

<i>3-year Pledge</i>	<i>Annual</i>	<i>Quarterly</i>	<i>Monthly</i>
<input type="checkbox"/> \$7,200	\$2,400	\$600	\$200
<input type="checkbox"/> \$5,400	\$1,800	\$450	\$150
<input type="checkbox"/> \$4,500	\$1,500	\$375	\$125
<input type="checkbox"/> \$3,600	\$1,200	\$300	\$100
<input type="checkbox"/> \$2,700	\$900	\$225	\$75
<input type="checkbox"/> \$1,800	\$600	\$150	\$50
<input type="checkbox"/> Other \$ _____			

Pledge/Gift Amount: _____

Payment Enclosed: _____

(Please consider giving 10-20% initially)

Balance: _____

Please send me reminders:

One-Time Monthly Quarterly Semiannually Annually

Date of first payment: _____

METHOD OF PAYMENT

Cash/check (*make payable to Ave Maria Catholic Church with Capital Campaign in the memo line*)

Credit Card

American Express MasterCard VISA Discover

Account Number: _____

Name on card: _____

Expiration date: ____/____ CVV/CVC Code: _____

Automatic Withdrawal**

Bank routing number: _____

Account number: _____

***Please include a voided check with your payment information*

Stock*

Life Insurance*

Other*: _____

**The parish office will contact you for additional information.*

My gift will be matched by my company:

Company: _____

SIGNATURE

Signature: _____

Date: _____

Please print your name as you would like it to appear in any campaign recognition materials (*John Smith, The Smith Family, In Memory of John Smith*).

Please do not fill out if you wish to be anonymous.:

I/We would like our gift to remain anonymous.

