

## Gift / Pledge Form

	96	9643 Ferndale Rd, Dallas, TX 75238   Office (214) 348-7	380	stpatri	ckdallas.org   office@spccdallas.org	
DO	NOR	R INFORMATION (please print clearly)				
Las	t Nar	ame:First Name	_First Name(s):			
Ado	dress	ss:				
			State:		Zip Code:	
Email:						
CIII	all		Phone			
GIF	T INI	NFORMATION				
I(we) commit a total of \$ Amount enclosed \$ _					Remainder pledge \$	
PA	YMEI	ENT PLAN (choose an option)				
A)	l wi	vill make a single payment in full on <date>//</date>	/	20		
B)	I (w	we) wish to have this donation spread over: O1 O2	<b>C</b> C	<b>Q</b> 4	O5 year(s)	
	Му	y first payment will be made on//20, and then:	<b>M</b> ont	hly O	Quarterly O Annually	
PLE	DGE	GE REMINDERS				
		For those choosing payment plans, quarterly statements will be Your stewardship envelopes will include a Capital Campaign en via check.		_		
		<b>ENT METHOD</b> To set up Automatic Withdrawal from checking or sickdallas.org/donate and click on Faith Direct. OR contact Mike Hi	_			
I (w	/e) pl	plan to make my (our) contribution in the form of:				
		Check(s)  Automatic Withdrawal from checking or savings  Credit card (Visa, MasterCard, Discover, Amex)	<u> </u>	Stocks, Other	Retirement Plan or Other Assets	
LO	OKIN	NG AHEAD				
		I have / will consider naming St. Patrick Catholic Community in my estate plans				
		☐ Do you work for a matching gift company? My gift will be matched by				
DO	NOR	R SIGNATURE				
					D .	