St. Patrick Catholic Community 60th Anniversary Capital Campaign

DONOR INFORMATION (please print clearly)		
Last Name:	First Name(s):	
Address:		
City:	State:	Zip Code:
Preferred Email:	Preferred Phone:	
PLEDGE INFORMATION		
I (we) pledge a total of \$	Amount enclosed \$	Remainder pledge \$
I (we) wish to have this donation spread of	over: 1 2 3 4 5 year(s)	
My first payment will be made on/	/20, and then: Monthly Q	uarterly annually
For those choosing payment plans, quarterly statem envelopes will include a Capital Campaign envelope	o . o	
PAYMENT METHOD		
I (we) plan to make my (our) contribution	in the form of:	
Check(s)		
Automatic Withdrawal from checking or s	savings	
Credit Card (Visa, MasterCard, Discover, A	American Express)	

Stock

Other _____

To set up Automatic Withdrawal from checking or savings, or make gift(s) on a credit card, go to stpatrickdallas.org/donate and click on Faith Direct. If you prefer, simply contact Mike Hill in the parish office (469) 807-3733 or mike@spccdallas.org.

Do you work for a matching gift company? My gift will be matched by

_____ Date:

Make checks payable to: St. Patrick Catholic Community, and write "60th Anniversary Campaign" in the memo line. Our mailing address is above. Thank you for your support.