

Name & Address:

Envelope # _____

Please make payment to:

Saint Andrew Apostle Capital Campaign

I/we pledge to the Campaign as follows:

TOTAL PLEDGE: _____

DOWNPAYMENT: - _____

BALANCE DUE: = _____

I wish to set up monthly electronic bank
withdrawals using Faith Direct.

I prefer to pay the balance as follows:

Monthly 24 pmts 36 pmts _____ pmts

Quarterly 11 pmts 12 pmts _____ pmts

Annually 2 pmts 3 pmts _____ pmts

Other Payment Plan as indicated on the back.

Signed: _____

For Office Use Only

CASH CHECK #

Date	Payment	Auditor

- 1. Moved or moving soon.
 - 2. Not a member of our parish.
 - 3. Serious illness.
 - 4. Deceased.
 - 5. Could not afford to pledge at this time.
 - 6. Do not support this endeavor.
 - 7. Please recontact me in _____ months.
 - 8. Will contact Pastor/Parish personally.
 - 9. Would like a Pastoral Visit regarding a personal matter.
 - 10. Already turned in.
 - 11. Other _____
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-

Did you remember your parish in your will?

- Please send information.*
 - Please call for an appointment to discuss.*
 - I have left the sum of \$_____ in my will.*
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-

If "OTHER PAYMENT PLAN" was selected,
please indicate donor's payment preference here: