

Yes, I want to support the Annual Partners in Charity Appeal!

☐ \$5,000 ☐ \$2,500 ☐ \$1,500 ☐ \$1,000 ☐ \$500 ☐ \$300 ☐ _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Parish: _____ City/Town: _____

Gift Options: ☐ One Time ☐ Monthly Pledge (10 payments) ☐ Quarterly Pledge (4 payments)

Total Gift Amount: \$ _____

Enclosed Today: \$ _____

Balance Remaining: \$ _____

Please make checks payable to: PARTNERS IN CHARITY APPEAL

Payment Options:

☐ Check Enclosed

☐ Send Reminder

☐ Use Credit Card

Card No.: _____

☐ VISA ☐ MasterCard ☐ AmEx ☐ Discover / /
Exp. Date

Signature: _____

Matching Gift Company: _____

(See list below or at www.Partners-Charity.net)

OFFICE USE ONLY

Gift is in memory/honor of: _____

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