



## CALLED TO SERVE *as* CHRIST

*A campaign for our*  
PRIESTS, SISTERS & FAMILY OF FAITH

PLEASE BE SURE TO FILL OUT BOTH  
SECTIONS ON THIS CARD

- 1 Campaign Commitment
- 2 Donor Information

I/we wish to make my/our pledge in honor of  
Fr./Sr. \_\_\_\_\_

### NOTES:

---

---

---

---

---

---

---

---

ARCHDIOCESE OF SEATTLE  
PO Box 14964  
Seattle, WA 98114-9919  
206.903.4620  
[campaign@seattlearch.org](mailto:campaign@seattlearch.org)

# CAMPAIGN INTENTION

*Archdiocese of Seattle*



## CALLED TO SERVE *as* CHRIST

*A campaign for our*  
PRIESTS, SISTERS & FAMILY OF FAITH



## CALLED TO SERVE *as* CHRIST

*A campaign for our*  
PRIESTS, SISTERS & FAMILY OF FAITH

How do we show our gratitude to those who have selflessly given us so much? This is our opportunity to give back and say thank you in a meaningful way to those priests and women religious who have supported us through difficulties and shared our joy. Join me in making a commitment to our priests, women religious and parishes, now and for the future.

Thank you for your prayers and consideration of a meaningful gift to our campaign.

Sincerely in Christ,

+ *J. Peter Sartain*

J. Peter Sartain  
Archbishop of Seattle

### ① CAMPAIGN COMMITMENT

My Total Gift \$ \_\_\_\_\_

Initial Payment (*Enclosed*) \$ \_\_\_\_\_

#### SUGGESTED GIFT TABLE

<i>Monthly</i>	<i>Quarterly</i>	<i>Semiannually</i>	<i>Annually</i>	<i>Total 3-year Gift</i>
\$333	\$1,000	\$2,000	\$4,000	\$12,000
\$200	\$600	\$1,200	\$2,400	\$7,200
\$100	\$300	\$600	\$1,200	\$3,600
\$50	\$150	\$300	\$600	\$1,800
\$25	\$75	\$150	\$300	\$900

#### PAYMENT FREQUENCY

☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

Starting (*Date*) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ for ☐ 3 years ☐ Other \_\_\_\_\_

#### CAMPAIGN PAYMENT OPTIONS

☐ Cash/Check *Make payable to the Called to Serve as Christ campaign*

☐ Credit/Debit

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_ Billing Zip Code \_\_\_\_\_

☐ Automatic Bank Withdrawal

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Preferred withdrawal date ☐ 5<sup>th</sup> or ☐ 20<sup>th</sup> of the month

☐ Stock Donation\*

☐ Other\*

### ② DONOR INFORMATION

Please fill out completely

Parish \_\_\_\_\_

City \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

#### COMPANY MATCH

Don't forget to check with your employer to see if they will match your contribution.

#### CONSIDERING A PLANNED GIFT?

☐ Yes! Please contact me to discuss how to leave a planned gift.

#### OFFICE USE ONLY

Account Number \_\_\_\_\_ Parish ID **06**