

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Church Parish Affiliation: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Deceased

Birthday: His: \_\_ / \_\_ / \_\_\_\_ Hers: \_\_ / \_\_ / \_\_\_\_  
Month Day Year Month Day Year

Preferred His: \_\_\_\_\_

Email: Hers: \_\_\_\_\_

Preferred His:  Home  Cell  Work \_\_\_\_\_

Phone: Hers:  Home  Cell  Work \_\_\_\_\_

## Check Payment Information

To Be Paid In:  10  8  5 Installments (*February - December*)

Down Payment Amount (**Enclosed**): \$ \_\_\_\_\_ Check No.: \_\_\_\_\_

Remaining Monthly Installments Amount: \$ \_\_\_\_\_

### All pledges to be completed by December 31, 2018.

Please make checks payable to **Bishop's Services Appeal** and mail to the address listed above. **To give online, visit:** [diolaf.org](http://diolaf.org)

See reverse for credit card payment information.

## Prayer Intention(s)

Please list below any special intentions or requests for which you would like prayer assistance:

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### Please change my address:

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

- Yes; I would like to remember the diocese and/or my church parish in my will.  
Please contact me.
- Yes; I would like to make a gift of appreciated securities. Please contact me.
- No; I am not able to make a monetary gift this year, however I wish to offer my gift of prayer for the success of the appeal.

## Credit Card Payment Information

**CREDIT CARD TYPE:**  VISA  MasterCard  DISCOVER

Card #: \_\_\_\_\_ Expiration Date: \_\_ / \_\_ / \_\_  
Month Year CSC: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Charge a **ONE-TIME** gift of: \$ \_\_\_\_\_

Charge a **MONTHLY** gift of: \$ \_\_\_\_\_ Starting: \_\_ / \_\_ / \_\_  
for  10  8  5 months. Month Day

**All pledges to be completed by December 31, 2018.**