

**AUTHORIZATION FOR DIRECT DEBIT
OR CREDIT CARD PAYMENTS**

I authorize the Roman Catholic Foundation of Eastern Missouri to:

Deduct my: Checking Account (1) Savings Account (2)

Bank Name: _____

Routing #: _____

Account #: _____

Charge my Credit Card

Visa (2) Discover (3) MasterCard (4) American Express (5)

Name(s) on Card: _____

Card #: _____

Please contact me to discuss:

Planned Giving Opportunities (1) My Eligibility for a Corporate Matching Gift (2) Company: _____

The Roman Catholic Foundation is a registered 501(c)(3) public charity. Contributions are tax-deductible as allowable by law. A small portion of campaign proceeds will be used to offset campaign expenses.

PAYMENT/S:

An initial payment of \$ _____ (upon receipt of this pledge card)
and for installments in the amount of \$ _____
according to the pledge fulfillment schedule starting on
____/____/____ (MM/DD/YYYY).

The full amount of my pledge.

SIGNATURE: _____

DATE: _____



COMMITMENT FORM

Name: _____

Spouse: _____

Address: _____

Apt. No: _____

City/State/Zip: _____

Mobile Phone: _____

Email: _____

Parish: _____

THE FOLLOWING GIFT PLANS ARE PRESENTED FOR YOUR PRAYERFUL CONSIDERATION.

Five Year Pledges

Total Pledge (over 5 years)	Annual Payment	Semi-Annual Payment	Quarterly Payment	Monthly Payment	Daily Payment
\$50,000	\$10,000	\$5,000	\$2,500	\$833.33	\$27.40
\$25,000	\$5,000	\$2,500	\$1,250	\$416.67	\$13.70
\$15,000	\$3,000	\$1,500	\$750	\$250	\$8.22
\$10,000	\$2,000	\$1,000	\$500	\$166	\$5.48
\$7,500	\$1,500	\$750	\$375	\$125	\$4.11
\$6,000	\$1,200	\$600	\$300	\$100	\$3.29
\$3,000	\$600	\$300	\$150	\$50	\$1.64
\$1,800	\$360	\$180	\$90	\$30	\$.99

Three Year Pledges

Total Pledge (over 3 years)	Annual Payment	Semi-Annual Payment	Quarterly Payment	Monthly Payment	Daily Payment
\$50,000	\$16,667	\$8,334	\$4,167	\$1,389	\$45.66
\$25,000	\$8,333	\$4,167	\$2,083	\$694	\$22.83
\$15,000	\$5,000	\$2,500	\$1,250	\$416	\$13.70
\$10,000	\$3,333	\$1,667	\$833	\$278	\$9.13
\$7,500	\$2,500	\$1,250	\$625	\$208	\$6.85
\$6,000	\$2,000	\$1,000	\$500	\$167	\$5.48
\$3,000	\$1,000	\$500	\$250	\$83	\$2.74
\$1,800	\$600	\$300	\$150	\$50	\$1.64

Please consider making a sacrificial gift to *Beyond Sunday*.

- New Pledge (I would like to make a pledge today by completing this card.)
- AMEN! (I/We have already made a gift.)
- Prayer (Please continue to pray about your commitment and for the success of the campaign.)

My pledge to *Beyond Sunday*:

- \$50,000 \$25,000 \$15,000 \$10,000
- \$7,500 \$6,000 \$3,000 \$1,800

I/We Pledge: \$ _____

Payable over:

- 5 YEARS (5)
- 3 YEARS (3)

I/We wish to make payments:

- Monthly (1)
- Quarterly (2)
(March, June, September, December)
- Semi-Annually (3)
(June, December)
- Annually (4)
(December)

Signature: _____

Date: _____

Thank you for your generous pledge.

I/We prefer to fulfill this pledge via:

- Direct Debit (1) - From checking/savings account.
(Please provide payment authorization on the back.)
- Credit Card (2) - Please provide payment authorization on the back.
- Stock (3) - Please contact the Roman Catholic Foundation at 314.918.2890 for details.
- Bill Me (4) - Please make checks payable to:
Roman Catholic Foundation/St. Joseph.

I/We prefer to have pledge reminders sent via:

- Email (1) _____
(Reduces costs and helps the environment!)
- U.S. Mail (2)