

GENERAL PLEDGE CARD

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parish: \_\_\_\_\_ E-mail: \_\_\_\_\_

After prayerful consideration, I/we have decided to support the Diocese through the Bishop's Appeal.



**TOTAL GIFT**  
\$ \_\_\_\_\_

**ENCLOSED PMT.**  
\$ \_\_\_\_\_

**We appreciate gifts of any size. Thank you and God bless!**

## Bishop's Appeal

### I/We Choose To Pay My Gift By

- Check (enclosed)  
(Please do not send cash)
- Pledge gift of 10, 6, 4 or 2 monthly payments  
(Please circle one. Payments through December 2007.)
- Credit Card  
(complete credit card authorization on reverse side)
- Monthly Electronic Fund Transfer (EFT)  
(please complete EFT authorization on reverse side)

Make check payable to: CF/Bishop's Appeal,  
P.O. Box 23001, Green Bay, WI 54305-3001

### Credit Card Authorization

Credit card type: \_\_\_\_\_

Card Number

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Expiration Date

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Signature \_\_\_\_\_

You may charge my credit card \$ \_\_\_\_\_  
per month for \_\_\_\_\_ months (up to 10 months) to  
fulfill the pledge balance of \$ \_\_\_\_\_

### Electronic Fund Transfer Authorization

You may debit \$ \_\_\_\_\_ on the 1st of the month from  
account # \_\_\_\_\_ for \_\_\_\_\_ months  
(up to 10 months) to fulfill the pledge balance of \$ \_\_\_\_\_

Signature \_\_\_\_\_

***\*Please also include a voided check for our records.***

*If you at any time you would like to discontinue Electronic Fund Transfer  
please contact the Catholic Foundation at 877-500-3580.*

*Please check with your employer to see if they  
have a matching gift program.*

**Thank you for your generous gift and may God bless you and your family!**