

Pledge Form



2008
Archdiocese of Anchorage
Annual Appeal

OUR/MY COMMITMENT IS AS FOLLOWS:

<u>Gift Amount</u>	<u>2 Payments</u>	<u>4 Payments</u>	<u>8 Payments</u>
<input type="checkbox"/> \$5,000.00	\$2,500.00	\$1,250.00	\$625.00
<input type="checkbox"/> \$2,500.00	\$1,250.00	\$625.00	\$312.50
<input type="checkbox"/> \$1,000.00	\$500.00	\$250.00	\$125.00
<input type="checkbox"/> \$500.00	\$250.00	\$125.00	\$62.50
<input type="checkbox"/> \$250.00	\$125.00	\$62.50	\$31.25
<input type="checkbox"/> \$150.00	\$75.00	\$37.50	\$18.75
<input type="checkbox"/> Other: _____			

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____

E-mail: _____

Total Pledged: \$ _____

Amount Enclosed: \$ _____

Balance Due: \$ _____

Balance Payable (please send reminder for):

8 payments (May - Dec.) 4 payments (May, July, Sept, Nov.)

2 payments (May, Oct.) Other _____

I wish to pay my pledge by:

Check Enclosed

Credit Card

Electronic Funds Transfer

Please make checks payable to the
Archdiocese of Anchorage

I authorize the Archdiocese of Anchorage to charge my bank account/credit card equal payment amounts on the 10th of each month until my pledge is fulfilled.

Signature: _____ Date: _____ Telephone Number: _____

Electronic Fund Transfer

(Please include a voided check or savings deposit slip)

Name on Account: _____

Bank Name: _____

Routing Number: _____

(First 9 numbers on bottom left of check)

Account Number: _____

Credit Card

Name: _____

(As it appears on card)

Credit Card Type: **VISA**

Card Number: _____

VCC# (Last three digits on back of card): _____

Exp. Date: _____

Please complete this form and mail to:

Archdiocese of Anchorage
 225 Cordova Street
 Anchorage, Alaska 99501

Or fax to:

(907) 279-3885

For more information contact the Office of Stewardship & Development at (907) 297-7718
www.archdioceseofanchorage.org