

Pledge Form



2008
Archdiocese of Anchorage
Annual Appeal

OUR/MY COMMITMENT IS AS FOLLOWS:

Name: _____
 Address: _____
 City: _____ Zip: _____
 Phone: _____
 E-mail: _____

<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: _____			

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