

ANNUAL CATHOLIC APPEAL – “Serve with Love”

DIOCESE OF SPRINGFIELD

Gifts are tax deductible as allowed by law. Please make checks payable to:
ANNUAL CATHOLIC APPEAL

Name _____
Address _____
City, State Zip Code _____
Parish: _____ City: _____

Total Pledged: _____
Amt. Enclosed: _____
Balance Due: _____
Signature: _____

Please consider one of the following gifts this year:

<u>Gift Amount</u>	<u>8 Payments</u>
<input type="checkbox"/> \$320	\$40
<input type="checkbox"/> \$240	\$30 (\$1 a day for 8 months)
<input type="checkbox"/> \$160	\$20
<input type="checkbox"/> Other: \$ _____	

Office use only please

Cash Check # _____
 Other _____
Date _____

Information on how your gift helps your neighbors, call 413-452-0670.

ACA Donor Support, call 413-452-0630

(Over)

Credit / Debit Card Donations

*For added security you may charge your gift on our online Donation Center – www.diospringfield.org
or fill out and mail this form:*

ONE-TIME GIFT \$ _____ MONTHLY GIFT \$ _____ per month* for _____ months
*(minimum monthly installment amount - \$10)

Please charge my Appeal Gift to my: MasterCard Visa Discover AMEX

Card # _____ Expiration Date _____

Security code (3 or 4 digits on back of card /AMEX on front of card) _____

Signature: _____ Day Phone: (_____) _____

My employer _____ has a matching gift program. **Please enclose form.**

◆ *For a generous gift of \$1,000 or more, you will be enrolled into the Bishop's Society of the **ANNUAL CATHOLIC APPEAL.***