



# CARDINAL'S APPEAL 2011

# SEEK FIRST THE KINGDOM OF GOD

Matthew 6:33

Contribute to the Cardinal's Appeal today by printing out this PDF form and filling it out.  
Please mail to: Archdiocese of Washington, P.O. Box 98076, Washington, DC 20090-8076

Please check one:  Mr. and Mrs.  Mr.  Mrs.  Miss  Ms.

Please print below:

First Name \_\_\_\_\_ Spouse Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Apt/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(        ) \_\_\_\_\_

Phone (please check one:  home  work  cell) \_\_\_\_\_ Email \_\_\_\_\_

Please credit my gift to (Parish Name) \_\_\_\_\_

CARDINAL'S APPEAL 2011 PLEDGE			
Suggested Pledge	10 Monthly Payments	Suggested Pledge	10 Monthly Payments
<b>Circle of Charity</b>		<b>Circle of Faith</b>	
<input type="checkbox"/> \$2,000.00.....	\$ 200.00	<input type="checkbox"/> \$750.00 .....	\$ 75.00
<input type="checkbox"/> \$1,750.00.....	\$ 175.00	<b>Other Gift Levels</b>	
<input type="checkbox"/> \$1,500.00.....	\$ 150.00	<input type="checkbox"/> \$500.00 .....	\$ 50.00
<b>Circle of Hope</b>		<input type="checkbox"/> \$300.00 .....	\$ 30.00
<input type="checkbox"/> \$1,250.00.....	\$ 125.00	<input type="checkbox"/> Other: \$ _____	
<input type="checkbox"/> \$1,000.00.....	\$ 100.00		
Total Amount Pledged		\$ _____	
Amount Enclosed		\$ _____	
Balance to be Paid		\$ _____	
<b>Please make your check payable to Cardinal's Appeal.</b>			

## CREDIT CARD

Type of Card  Visa  MasterCard  Amex  Discover

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_  
month/year

Cardholder's Name \_\_\_\_\_  
print name as it appears on card

Charge a one time, total gift of \$ \_\_\_\_\_

Charge monthly gift of \$ \_\_\_\_\_ for a total of \$ \_\_\_\_\_

beginning \_\_\_\_\_ month for \_\_\_\_\_ months. (not past Dec. 2011)

Signature \_\_\_\_\_

**IMPORTANT:** Monthly charges are made on the 29th of each month.

## DIRECT DEBIT

Bank \_\_\_\_\_

Name(s) \_\_\_\_\_  
please give both names if joint account

Account # \_\_\_\_\_

Withdraw amount of \$ \_\_\_\_\_ monthly.

beginning \_\_\_\_\_ month for \_\_\_\_\_ months. (not past Dec. 2011)

Signature \_\_\_\_\_  
date

Signature \_\_\_\_\_  
date

**IMPORTANT:** Monthly charges are made on the 29th of each month.  
For Direct Debit, please include a blank VOIDED check.