

ST. ELIZABETH SETON PARISH CENTER DEBT REDUCTION FUND

NAME: _____
 ADDRESS: _____
 PHONE: _____
 E-MAIL: _____
 ENVELOPE #: _____

*Please make checks payable to:
 St. Elizabeth Seton Debt Reduction Fund*

<i>For office use only:</i>	
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK# _____ <input type="checkbox"/> AUTOMATIC PAYMENT	
DATE	DOWN PAYMENT

MY/OUR GIFT TO THE CAMPAIGN IS:
 TOTAL PLEDGE: \$ _____
 DOWN PAYMENT: \$ _____
 BALANCE DUE: \$ _____

I /we prefer to pay the balance as follows:

Monthly Quarterly Online Giving
 Semi-annually Annually
 Automatic Withdrawal/Credit Card (The Parish office will contact you.)

Over a period of:

1 year 2 years 3 years 4 years 5 years

Signature: _____

SUGGESTED PLEDGE PLANS						
Total Payment	10% Down Payment	5 Annual Payments	20 Quarterly Payments	60 Monthly Payments	Weekly Sacrifice	Daily Sacrifice
\$25,000	\$2,500	\$4,500	\$1,125	\$375	\$87	\$12
\$10,000	\$1,000	\$1,800	\$450	\$150	\$35	\$5
\$7,500	\$750	\$1,350	\$338	\$112	\$26	\$4
\$5,000	\$500	\$900	\$225	\$75	\$17	\$2.50
\$3,000	\$300	\$540	\$135	\$45	\$10	\$1.50
\$2,000	\$200	\$360	\$90	\$30	\$7	\$1
\$1,000	\$100	\$180	\$45	\$15	\$3.50	\$.50

Memorial information: (if applicable)
 Memorial Item/Gift Plan: _____
 In memory of: _____

Please contact me with information on the following:

Gifts of Stock
 Gifts of Property
 Gifts of Life Insurance
 Leaving the Parish in your will
 Other: _____

Does your employer have a Matching Gifts Program?

Your Gift \$ _____
 Company Match + \$ _____
 Total Donation = \$ _____
 Name of Company: _____