



"Looking Toward the Future" Pledge Form

Name: _____
(Please Print)

Address: _____
(Please Print)

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

I/We are pleased to provide a pledge/gift as follows:

TOTAL Amount of Pledge/Gift \$ _____

Initial Payment \$ _____

Balance of \$ _____

I/We intend to pay the balance as follows:

5 Annual Payments of \$ _____

10 Semi-Annual Payments of \$ _____

20 Quarterly Payments of \$ _____

60 Monthly Payments of \$ _____

1 Lump Sum Payment of \$ _____

I/We prefer to fulfill our pledge as follows:

Payment Start Date: _____

Signature: _____

Please make Checks Payable to: **Diocesan Catholic Center Fund**

If you wish to use Electronic Funds Transfer (EFT), please check the box. A special form will be mailed to you. This includes direct debit from your bank savings or checking accounts or from VISA or Mastercard.

I/We are interested in more information about how to include the Diocese of Baker in our will, trust, or as a beneficiary of our life insurance policy.

Please print Memorial Designation:

This pledge form is not a legal document.
This pledge and any subsequent payments may be amended. All gifts are tax-deductible.