

MISSION CRITICAL

A CAMPAIGN FOR BUILDING RENEWAL

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

MISSION CRITICAL

A CAMPAIGN FOR BUILDING RENEWAL

I/WE PLEDGE TO THE
3-YEAR CAPITAL CAMPAIGN:

Total Gift/Pledge \$ _____
Payment Enclosed \$ _____
Balance Remaining \$ _____

PLEDGE PAYMENT FREQUENCY

- Weekly, starting _____ Quarterly, starting _____
 Monthly, starting _____ Annually, starting _____
 One-Time Gift

AUTOMATIC WITHDRAWAL

I authorize Saint Thomas the Apostle to automatically withdraw \$ _____
from my bank account until my pledge of \$ _____ is paid in full.

You must include a VOIDED check or savings deposit form.
Please indicate when you would like deductions made:

- Weekly Monthly (1st of the month) Monthly (15th of the month)

Donor Signature _____

Start my pledge on _____, 201 _____

ONLINE PAYMENTS To set up online payments, please visit our website at
www.stthomasmpls.org. We ask that you also return this completed pledge card
to assist us with our record keeping.



YOUR GIFT IS INTENDED SOLELY TO SUPPORT THE MISSION CRITICAL
CAMPAIGN AND CAN ONLY BE USED FOR ITS GOALS.

PLEASE SELECT FROM THE OPTIONS BELOW:

Please accept my gift in the following form:

- Check Enclosed** (Check # _____)
Payable to: Saint Thomas the Apostle
- Automatic Payment** from bank account
(See reverse side)
- Credit Card** *(See reverse side)*
- I will set up **online payments** *(See reverse side)*
- Gift of Stock or Commodities**
For information, call or email Julie Wickland
612.922.0041/jwickland@stthomasmpls.org

Donor Signature _____

Date _____

- My gift will be matched by my employer.

Name of company: _____

CREDIT CARD

Please charge my campaign gift:

Account # _____

Exp. Date _____ / _____

Cardholder Name _____
(Please Print)

- Please charge my credit card \$ _____**
 weekly monthly quarterly annually
starting on _____, 201 _____.
- Please charge my credit card \$ _____,**
the full amount of my gift, on _____, 201 _____.
- Please charge my credit card an additional 3% to**
offset the processing fee.

Donor Signature _____

Date _____