

# ANNUAL BISHOP'S APPEAL

I am honored to join with other Catholic households to support the mission of our Church.

\$1000.00  \$500.00  \$300.00  \$200.00  \$100.00   
*\$100.00/month for 10 months*    *\$50.00/month for 10 months*    *\$30.00/month for 10 months*    *\$20.00/month for 10 months*    *\$10.00/month for 10 months*

*All new pledges will be scheduled to be paid in full on or before December 31.*

Your primary parish:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_  
Zip \_\_\_\_\_  
Cellular # \_\_\_\_\_

**\*\* For your security, credit card numbers are fully encrypted and not accessible from the previous year.**

My One Time Gift: \$ \_\_\_\_\_  
My Annual Pledge: \$ \_\_\_\_\_  
Amount Paid Today: \$ \_\_\_\_\_  
Balance Due: \$ \_\_\_\_\_

Bill Monthly     Bill Quarterly  
 Cash     Check Number \_\_\_\_\_

*\*payment reminders for pledges will be sent through December 31.*

Use your credit card, debit card or checking account to safely give below, online at [www.doy.org](http://www.doy.org) or calling 330-744-8451, ext. 316.

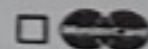
\_\_\_\_\_  
*Name as it appears on Card*

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

\_\_\_\_\_  
*Expiration Date (mm/yyyy)*

\_\_\_\_\_  
*CV Code*

VISA



DISCOVER

