

Your Parish \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

*Please make sure your email is included and correct.*

- ☐ Check here if you prefer to have your statement emailed.  
☐ I have named the Church in my will/trust.  
☐ I'd like information on charitable gifts/estate planning.  
☐ I am not able to make a gift. ☐ I pledge my prayers for the Church.

Prayerfully consider increasing  
your one-time gift with a  
10-month pledge

*Thank you for your support!*

- | ANNUAL PLEDGE                              | 10 MONTHLY PAYMENTS               |
|--|-----------------------------------|
| <input type="radio"/> \$1,200              | <input type="radio"/> \$120/month |
| <input type="radio"/> \$600                | <input type="radio"/> \$60/month  |
| <input type="radio"/> \$300                | <input type="radio"/> \$30/month  |
| <input type="radio"/> \$200                | <input type="radio"/> \$20/month  |
| <input type="radio"/> Other/month \$ _____ |                                   |

Total Amount Pledged \$ \_\_\_\_\_

Amount Enclosed \$ \_\_\_\_\_

Balance to be Paid \$ \_\_\_\_\_

**PAY WITH CREDIT CARD AT**  
[www.cdom.org/giving/](http://www.cdom.org/giving/)

**AUTO WITHDRAWAL APPROVAL**

*Make Your Monthly Pledge Donation Automatically!*

Please have \$ \_\_\_\_\_  
 automatically deducted monthly from my  
 checking account until the total amount pledged  
 is paid in full. **PLEASE ATTACH A VOIDED CHECK**

Preferred Date of Draft \_\_\_\_\_

Name of Bank \_\_\_\_\_

ACH Routing # \_\_\_\_\_

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

Your Signature \_\_\_\_\_

Please complete the information below to make your Annual Catholic Appeal gift  
 "in memory" of a dearly departed or "in honor" of a living loved one.

*A Mass will be celebrated for your intentions.*

IN MEMORY OF \_\_\_\_\_ IN HONOR OF \_\_\_\_\_  
 (Deceased) (Living)

If you would like an acknowledgment sent to your honoree(s), please complete the information below. **PLEASE PRINT VERY CLEARLY**

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

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

- ☐ I wish to opt out of all future emails  
 from the Diocese of Memphis,  
 including my statement.



ANCHORED IN  
TRUTH



ANCLADOS EN LA  
VERDAD



Diocese of Memphis in Tennessee