

2025 Annual Catholic Appeal Thank you for your support!

Your Parish	
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Name	
Address	
City/State/Zip c	
City/State/Zip C	Jue
Phone	
Email	Please make sure your email is included and correct
Check here	if you prefer to have your statement emailed.
I have name	ed the Church in my Will/trust.
I'd like info	rmation on charitable gifts/estate planning.
💍 I am not ab	le to make a gift but I pledge my prayers to the Church.

○ \$1,200	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.	
Payable as follows ○ 10 Months ○ 12 Months	Preferred Date of Draft	
One-Time Payment	Name of Bank	
Total Amount Pledged \$	ACH Routing#	
Amount Enclosed \$		
Balance to be Paid \$	Checking Account #	
PAY WITH CREDIT CARD ON THE BACK OR AT	Your Signature	

AUTO WITHDRAW APPROVAL

PLEASE MAKE CHECKS PAYABLE TO ANNUAL CATHOLIC APPEAL

Annual Pledge

Amount Enclosed Balance to be Paid **PAY WITH CREDIT**

cdom.org/giving

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.	AUTHORIZATION FOR CREDIT CARD	
A Mass will be celebrated for your intentions.	○ VISA	
Please check one: OIN MEMORY OF (Deceased) OIN HONOR OF (Living)	Credit card #	
Name	Expiration date CVV	
	Name (as it appears on credit card)	
If you would like an acknowledgment sent to your honoree(s), please complete the information below. PLEASE PRINT VERY CLEARLY.	Add 2.4% to help cover costs of processing.	
	Signature	
Name	- Date	
Address	Our finance office processes credit card payments when received.	
Address	Online, you are able to set your own day of the month to process at cdom.org/giving	
City/State/Zip code	For Credit Card questions, please contact Karin Starnes at 901.373.1271 or karin.starnes@cc.cdom.org	
	Your signature above authorizes credit card or automatic withdrawal payment.	

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