

ST. AUGUSTINE CATHOLIC CHURCH

LET'S RAISE OUR BUILDING FUND CAMPAIGN
GIFT/PLEDGE FORM

Donor Information

Name _____ (Please print or type)

Address _____

City _____ State _____ Zip _____

Contact Phone _____ Email _____

Gift/Pledge Information

In appreciation of God's gifts, I/we pledge the following:

Total Gift Pledge for 24-Month Period (December 2016 – December 2018) \$ _____

Payment Schedule: ^{Check one} ___ One-Time Gift ___ Monthly ___ Quarterly ___ Semi-Annually ___ Annually

Name on Donor Plaque (for gifts of \$500 or more):

Select: ^{Check one}

Donor Name: _____ (Print or type)

In Memory of: _____ (Print or type)

In Honor of: _____ (Print or type)

Please accept my gift in the following form: ^{Check one:}

Check

Credit Card

Amount Enclosed: \$ _____

Name on Card: _____

Balance Due: \$ _____

Billing Address: _____

*Make check payable to:

City/State/Zip: _____

St. Augustine Church Building Fund

C.C.# _____

Exp. _____ Last 3 digits back of card: _____

___ One-time Donation

___ Please charge \$ _____ Monthly

Signature: _____

Thank you for your gift/pledge to the "Let's Raise our Building Fund Campaign"

RETURN FORM TO:
St. Augustine Catholic Church
1151 NW Inlet Avenue
Lincoln City, OR 97367