

As You Make Your Pledge, Please Remember...

- Payments will help most if made over a period of 36 months or less.
- Pledge payments are in addition to your regular Offertory contribution. The Sunday Offertory collection pays for the day-to-day operations of the parish, while your pledge in this campaign will be used specifically for our Campaign.
- Payment reminders and a special payment envelope will be mailed to you in accordance with your payment plan.
- Pledges are not legally binding, but rather are an indication of your intention.
- Payments toward your pledge are deductible for tax purposes.
- Please make checks payable to the “St. Rita Capital Campaign”.

Please complete other side, separate at perforations, fold on the dotted line and insert in the enclosed envelope.

The chart below outlines suggested options for giving.

Total Pledge	10% Down Pymt	36 monthly Payments (3 yrs)	60 monthly Payments (5 yrs)	Daily Sacrifices (5 yrs)
\$50,000	\$5,000	\$1,250	\$750	\$24.66
\$25,000	\$2,500	\$625	\$375	\$12.33
\$10,000	\$1,000	\$250	\$150	\$4.93
\$7,500	\$750	\$188	\$112	\$3.70
\$5,000	\$500	\$125	\$75	\$2.47
\$4,000	\$400	\$100	\$60	\$1.97
\$3,000	\$300	\$75	\$45	\$1.48

Please complete pledge card on the reverse side and mail in the envelope provided or drop it in the Sunday collection.



St. Rita of Cascia Catholic Church

Confidential - Campaign Pledge Form-Confidential

(Please write legibly)

I/We, _____ (donor)
pledge to contribute a gift to St. Rita of Cascia Catholic Church as follows:

Total commitment: \$ _____ (amount) Payable over: _____ years

Payments to begin: _____ / _____ (month/year)

Gift to be paid by: (please check)

Check Credit Card Bank Debit Other

1. *If Credit/Debit:* Card Number: _____ Exp. Date: _____

2. *If Bank Debit:* Bank Acct Number _____

Bank Routing Number: _____ Savings _____ Checking _____

Payments to be made: (please check)

One time gift Annually Quarterly Monthly

Frequency: If annually, what month? _____

 If quarterly, what month? _____

Conditions: This gift is to remain completely anonymous.

St. Rita may recognize this gift publically.

Donors name/s: _____

Please print exactly as it/they should appear on all forms of recognition

Donor address: _____

Address, City, State, Zip Code

Donor contact: _____

Phone

Email

Signature of donor/s (only one is required)

Date

If paying by check, please make check payable to St. Rita of Cascia Catholic Church. If you have any questions, please contact the rectory by phone or email sent to Mary Lou Butler at mlbutler@st-rita.org. No goods or services were exchanged for this gift. Your gift is tax-deductible to the full extent provided by law. St. Rita of Cascia is a 501(c)(3) organization under tax ID: 95-1784426. This pledge may be changed or cancelled at any time.

**St. Rita of Cascia Catholic Church appreciates your generosity -
thank you and God bless you!**