

DIocese OF GAYLORD CSA 2016

My gift to the Catholic Services Appeal is:

Amount of Gift: _____

Amount Paid: _____

Balance Due: _____

Signature (Required): _____

PAYMENT METHODS:

- Bill Me by Mail
 - Monthly
 - Quarterly (July, Oct, Jan, Apr)
 - Semi-Annually (July & Jan)
 - Annually (Dec)
- Bill Me by E-mail (Print e-mail address below): _____
- Charge my credit card (Please see back)
- Automatic withdrawal from my bank account (One-time payment or deducted monthly, please see attached.)

(WORKER)	
PARISH AUDITORS USE ONLY	
\$ _____	(INITIAL PAYMENT)
<input type="checkbox"/> Check # _____	
<input type="checkbox"/> Cash	
<input type="checkbox"/> Credit Card (Credit card/Auto Withdrawal)	
Date _____	Auditor _____

DONOR'S RECORD

Your gift to the 2016 Catholic Services Appeal is gratefully acknowledged.

NAME _____

WORKER _____ DATE _____

\$ _____	\$ _____	\$ _____
Amount of Gift	Amount Paid	Balance

CONTRIBUTIONS ARE DEDUCTIBLE FOR INCOME TAX PURPOSES

CREDIT/DEBIT CARD AUTHORIZATION

Visa
 Mastercard
 Discover

Name as on card (please print): _____

Account # _____ - _____ - _____ - _____ Exp. Date ____ / ____

3-Digit Verification Number _____



Total Gift: \$ _____ Payment Schedule: (please select one)

One-time Payment
 Quarterly Payments
 Semi-Annual Payments

Initial Payment of \$ _____, plus ten monthly payments of \$ _____

I hereby authorize the Diocese of Gaylord to charge my account as noted above. I understand that a one-time gift will be fully deducted upon receipt by the CSA office in Gaylord. If I have selected any other form of payment, the payments will be processed according to the instructions as noted above on the 15th of each month beginning 7/15/16. This authorization will remain in effect from 5/1/16 until 6/30/17.

Signature: _____ Date _____