

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

DIOCESE OF GAYLORD CSA 2017

My gift to the
Catholic Services Appeal is: _____

Amount of Gift: _____

Amount Paid: _____

Balance Due: _____

- 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.)

Signature *(Required)*: _____

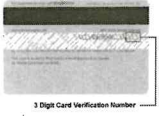
CREDIT/DEBIT CARD AUTHORIZATION

Visa Mastercard Discover American Express

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 7/15/17. This authorization will remain in effect from 5/1/17 until 6/30/18.

Signature: _____ Date _____