

The Legacy Campaign Commitment

Pledge Amount:

I pledge a total gift of \$ _____

Amount Paid Today \$ _____

Balance Remaining \$ _____

Pledge Period:

1 year 2 years 3 years 4 years 5 years

beginning on _____ (date)

I would like payment reminders sent

I would like to pay my balance:

Monthly Quarterly Semi-Annually Annually

SIGNATURE _____ DATE _____

Please indicate how you wish to be recognized for your gift:

Print Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

E-mail _____

My gift is being paid via:

Check made payable to **Church of St. Mary** Cash

Visa MasterCard EFT

CARD NUMBER EXPIRATION DATE CARD SECURITY CODE

TRANSACTION AMOUNT SIGNATURE

