

SPIRIT OF LIFE ROMAN CATHOLIC CHURCH

Rectory Campaign

Gift / Pledge Form

801 1st St. SE, Mandan, ND 58554 | 701.663.1660 | myspiritoflife.com

DONOR INFORMATION (please print clearly)

Last Name: _____ First Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

PLEDGE INFORMATION

I (we) pledge a total of \$ _____ Amount enclosed \$ _____ Remainder pledge \$ _____

I (we) wish to have this donation spread over: 1 2 3 4 5 year(s)

Payment Plan. My first payment will be made on ____/____/2016, and then: monthly quarterly yearly

Please send pledge reminders via: Mail E-mail address: _____

PAYMENT METHOD

I (we) plan to make my (our) contribution in the form of: check credit card stock other _____

Please charge my credit card: VISA MasterCard Discover American Express

Credit card number: _____ Expiration ____ / ____

Cardholder's name: _____ Security code: _____

NOTE: For other donation options such as automatic withdrawal, go to www.myspiritoflife.com/online-giving <OR> Contact Cheryl Hansen at the parish office (701) 663-1660 cheryl@myspiritoflife.com

Do you work for a matching gift company? My gift will be matched by _____

DONOR SIGNATURE

Date: _____

Please make checks and corporate matches payable to: *Spirit of Life Catholic Church*, and write "Rectory" in the memo line.
Our mailing address is above.

Donations are tax deductible as provided by law.