



The Centennial Campaign for St. Joan of Arc

CAMPAIGN PLEDGE FORM

Name(s) _____

(Please print as you wish to be recognized in parish materials – gift amounts will not be publically listed)

Please check here if gift is to remain anonymous

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Envelope # _____

I am/We are pleased to participate in the Centennial Campaign:

Total Pledge Amount: \$ _____

Today's Payment (if any) is: \$ _____ *(10% recommended)*

Payable: Monthly Quarterly Semi-Annually Annually

Term: One Year Two Years Three Years Four Years Five Years

Anticipated regular payment: \$ _____

SEND ME REMITTANCE ENVELOPES

I WILL SET UP MY PAYMENT THROUGH FAITH DIRECT

Signature(s): _____ Date: _____

_____ Date: _____

Campaign Volunteer: _____

Campaign Office: _____ Parish Office: _____