



# 2007 Catholic Services Appeal Donor Gift Form

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Parish: \_\_\_\_\_

**Please Mail To:**  
 Archdiocese of Louisville  
 Catholic Services Appeal  
 PO Box 3999  
 Louisville, KY 40201-3999

1. Gifts may be made as a *one-time* gift or in convenient monthly installments (see Sample Pledge Plan).  
 You can also make your gift **online** at [www.archlou.org](http://www.archlou.org).

**TOTAL GIFT** \$ \_\_\_\_\_  
**Amount Enclosed** \$ \_\_\_\_\_  
**Remaining Balance** \$ \_\_\_\_\_

**SAMPLE PLEDGE PLAN**  
4 or 8 monthly installments

Total Gift	4 monthly installments	8 monthly installments
\$2000	\$500	\$250
\$1600	\$400	\$200
\$1200	\$300	\$150
\$800	\$200	\$100
\$400	\$100	\$50
\$200	\$50	\$25

Please make check payable to: **Catholic Services Appeal**

2. Please check the option you wish to use to make your gift or pay the remaining balance.

- Check. Please send a pledge reminder in the months circled: Nov. Dec. Jan. Feb. Mar. Apr. May. June 2008
- Automatic Bank Withdrawal. (Please complete Step 3 below).
- Credit Card. MasterCard, VISA, or Discover Card. (Please complete Step 3 below).
- On-line through the Archdiocese of Louisville's web site at [www.archlou.org](http://www.archlou.org).
- Gift of Stock. Please send information on how I/we can make a gift of stock.

3. Please complete if making your gift by Automatic Bank Withdrawal or Credit Card

**AUTOMATIC BANK WITHDRAWAL AUTHORIZATION**

You may automatically transfer \$ \_\_\_\_\_ per month for \_\_\_\_\_ months (# of months not to exceed 8) to fulfill my pledge. (Please enclose a voided check.)

Name \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Daytime Phone (        ) \_\_\_\_\_

Automatic withdrawals take place on the 20<sup>th</sup> of the month and begin November 20<sup>th</sup>, 2007.

**PLEASE ENCLOSE A VOIDED CHECK**

**CREDIT CARD AUTHORIZATION**

- Charge one time for total gift above upon receipt of this form.
- Charge \$ \_\_\_\_\_ monthly for \_\_\_\_\_ months (# of months not to exceed 8) beginning November 15, 2007.

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
VISA, MASTERCARD & DISCOVER

Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Mo. Yr.      Zip Code\* \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Daytime Phone (        ) \_\_\_\_\_

\* Zip Code where credit card statement is delivered.

**THANK YOU** for your Gift to the 2007 Catholic Services Appeal