



Old St. Mary's **a place to grow.**

**OLD ST. MARY'S PARISH
CAPITAL CAMPAIGN PLEDGE FORM**

I/ We would like to support the Old St. Mary's capital campaign with a pledge of \$_____.

PLEASE PRINT OR TYPE

First Name(s): _____ Last Name: _____

Street Address: _____

City, State, Zip: _____ Day Time Phone: _____

E-mail Address: _____ Evening Phone: _____

Donor Signature: _____ Date: _____

2nd Donor Signature: _____ Date: _____

Gift Pledge Summary: Total Pledge: _____ Paid Today: _____ Balance Due: _____

Pledge to be paid over 1 year, 2 years, 3 years, 4 years, 5 years, Single payment

Desired payment schedule: Annually _____, Semi- Annually _____, Quarterly _____, Monthly _____,

I / We plan to make pledge payments via credit card. Card type: AmEx ___ Visa ___ MC ___ Discover ___.

Credit Card Number: _____ Expiration Date: _____.

Name on Card : _____

I / We plan to make payments via automatic bank withdrawal.

Name of Bank: _____ 9 Digit bank routing number _____.

Your bank account number: _____ Checking: _____ Saving: _____.

I/ We wish to mail in my (our) payments. (*coupons for mailing payments will be provided if you select this option.*)

I/ We wish to make payments via appreciated stock and other securities. PLEASE CONTACT BUSINESS MANAGER.

i/ We would like to consider a planned or deferred gift.

My company offers a matching gift program. My company name is: _____.

Donor Recognition

I / We wish the gift to be anonymous.

Please list my / our name as follows _____.

I / We wish to make the gift in memory of _____.

I / We wish to make the gift in honor of _____.

**Please make check payable to:
Old St. Mary's Capital Campaign
Mail or bring pledge to : Old St. Mary's Parish , 1500 S. Michigan Ave. Attn: Capital Campaign
Chicago, IL 60605 Tel: 312- 922-3444
www.oldstmarys.com**