

Name: _____

Address: _____

DIOCESE OF GAYLORD CSA 2015

My gift to the Catholic Services Appeal is:

Amount of Gift: _____

Amount Paid: _____

Balance Due: _____

Signature (Required): _____

PAYMENT METHODS:

- Bill Me by Mail
- Monthly
- Quarterly (July, Oct, Jan, Apr)
- Semi-Annually (July & Jan)
- Annually (Dec)
- Bill Me by E-mail (Print e-mail address below): _____
- Charge my credit card (Please see back)
- Automatic withdrawal from my bank account (One-time payment or deducted monthly, please see attached.)

(WORKER)

PARISH AUDITORS USE ONLY

\$ _____ (INITIAL PAYMENT)

Check # _____

Cash

Credit Card (Credit card/Auto Withdrawal)

Date _____ Auditor _____

DONOR'S RECORD

Your gift to the 2015 Catholic Services Appeal is gratefully acknowledged.

NAME _____

WORKER _____

DATE _____

Amount of Gift	\$ _____
Amount Paid	\$ _____
Balance	\$ _____

CONTRIBUTIONS ARE DEDUCTIBLE FOR INCOME TAX PURPOSES

CREDIT/DEBIT CARD AUTHORIZATION

Visa _____ Mastercard _____ Discover _____

Name as on card (please print): _____

Account # _____ Exp. Date _____ / _____

3-Digit Verification Number _____

Total Gift: \$ _____ **Payment Schedule:** (please select one)

_____ One-time Payment _____ Quarterly Payments _____ Semi-Annual Payments

_____ Initial Payment of \$ _____, plus ten monthly payments of \$ _____

I hereby authorize the Diocese of Gaylord to charge my account as noted above. I understand that a one-time gift will be fully deducted upon receipt by the CSA office in Gaylord. If I have selected any other form of payment, the payments will be processed according to the instructions as noted above on the 15th of each month beginning 7/15/15. This authorization will remain in effect from 5/1/15 until 6/30/16.

Signature: _____ Date _____

