

St. Thomas More Parish & Diocesan Annual Catholic Appeal 2018 PLEDGE FORM

COMMITMENT WEEKEND
Nov. 18th & 19th



ST. THOMAS MORE PARISH

Name #1 _____ Name #2 _____
 Address _____
 City, State, Zip _____
 Envelope # _____
 Phone #1 _____ Home/Cell Phone #2 _____ Home/Cell
 Email #1 _____ Email #2 _____

Annual Stewardship (5% of gross income)

For more information visit www.stmkc.com

\$ _____ Weekly/52 weeks \$ _____ Monthly/12 months \$ _____ Quarterly/4 quarters \$ _____ Annually/1
 \$ _____ Total Gift (See payment options below)

- I/we plan to pay by check.
- I/we prefer to use automatic bank withdrawal (See reverse side)
- I/we wish to pay by credit/debit card (Visa, Mastercard, AmEx, Discover) (See reverse side)
- Contact me/us about a gift of IRA, stock, bond or other asset with an approximate value of \$ _____
- I/we plan to include Saint Thomas More as part of our Estate Plan



Capital Campaign 2018-2020 (3% of gross income each year for 3 years)

\$ _____ Weekly/156 weeks \$ _____ Monthly/36 months \$ _____ Quarterly/12 quarters
 \$ _____ Annually/3 years \$ _____ One-time gift \$ _____ Total Gift (See payment options below)

- I/We have checked with employer(s) regarding a matching gift.
 Employer #1 _____ Occupation #1 _____
 Employer #2 _____ Occupation #2 _____
- I/We plan to pay by check.
- I/We prefer to use automatic bank withdrawal (see reverse side)
- I/We wish to pay by credit card (Visa, Mastercard, AmEx, Discover) (see reverse side)
- Contact me/us about a gift of IRA, stock, bond or other asset with an approximate value of \$ _____

For more information
visit www.stmkc.com



Diocesan Annual Catholic Appeal (1% of gross income)

Name(s) _____ Email _____
 Address _____
 City, State, Zip _____
 Diocesan # _____ Parish: #1400 St. Thomas More
 \$ _____ One-time \$ _____ Monthly/10 months (January - October)
 \$ _____ Total Gift (See payment options on reverse side) Mail reminders
 Sign me/us up for the St. Joseph's Guardian Circle (Gift of \$1,000 or 1% of household income.)



This portion to be separated and sent to the diocese. Please complete in full.

Time & Talent

For information see enclosed guidebook and directory.

For a list of ministry descriptions and contacts, please see the first sections of the Guidebook & Directory. A “discernment form” is also available within that section and can be completed to help parish staff guide you to a matching ministry.

Name _____ would like to be more involved! Area of interest: _____

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Name _____ would like to be more involved! Area of interest: _____

Name _____ would like to be more involved! Area of interest: _____

Annual Stewardship / Capital Campaign

Annual Stewardship Capital Campaign Call Me for Parish Staff to Set Up



Direct Payment Options

I/we use online giving and will update my/our information. (Pledge is still requested!)

Automated Check Withdrawal information

Print name(s) _____

Routing # _____ Account # _____ (or voided check)

Checking account Savings account Name of Bank _____

Credit Card Debit Card

Card Information

Visa Master Card American Express Discover

Card Number _____ Security Code _____ Expiration Date _____

Name on Card _____ Zip Code _____

Signature _____



This portion to be separated and sent to the diocese. Please complete in full.

Diocesan Annual Catholic Appeal



I/We plan to pay by check. *(Make checks payable to Annual Catholic Appeal)*

I/We prefer to set up automatic bank withdrawal *(complete info below or attach voided check)*

Routing # _____ Account # _____ (or voided check)

Checking account Savings account Name of Bank _____

Contact me about a gift of IRA, stock, bond or other asset with an approximate value of \$ _____

I/We wish to pay by debit/credit card Visa Master Card American Express Discover

Card Number _____ Security Code _____ Expiration Date _____

Name on Card _____ Zip Code _____

Signature _____