

# HOLY CROSS

Catholic Church

## The Last Brick Campaign Gift / Pledge Form



2711 7th St East, West Fargo, ND 58078 | 701.282.7217 | [holycrosswestfargo.com](http://holycrosswestfargo.com)

### DONOR INFORMATION (please print clearly)

Last Name: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred Email: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

### PLEDGE INFORMATION

I (we) pledge a total of \$ \_\_\_\_\_ Amount enclosed \$ \_\_\_\_\_ Remainder pledge \$ \_\_\_\_\_

I (we) wish to have this donation spread over:     1     2     3     4     5     10 year(s)

**Payment Plan.** My first payment will be made on \_\_\_\_/\_\_\_\_/2019, and then:     monthly     annually

Would you like a reminder sent? Y / N

### PAYMENT METHOD

I (we) plan to make my (our) contribution in the form of:

- Check(s)
- Automatic Withdrawal from checking or savings. *Download Debit Authorization form at [holycrosswestfargo.com](http://holycrosswestfargo.com), sign and return to Penne Soucy, Holy Cross Business Manager, at the address above.*
- Credit card (Visa, MasterCard, Discover, American Express). *Authorize via MyEoffering link at [holycrosswestfargo.com](http://holycrosswestfargo.com)*
- Stock
- IRA transfer
- Land/Trust
- Charitable Gift Annuity
- Bequests/Wills
- Crop Donations
- Other \_\_\_\_\_

*For help with automatic withdrawal or credit cards, contact Penne in the parish office 701-282-7217 or [psoucy@holycrosswestfargo.com](mailto:psoucy@holycrosswestfargo.com)*

### DONOR SIGNATURE

\_\_\_\_\_  
Date: \_\_\_\_\_

Make checks and corporate matches payable to: *Holy Cross Catholic Church, and write "Last Brick Campaign" in the memo line.*  
Our mailing address is above.

*Donations are tax deductible as provided by law.*

Office Use Only:     Access     PDS     TY     Brick

# HOLY CROSS

*Catholic Church*  
2711 7<sup>th</sup> St East

West Fargo, North Dakota 58078

701-282-7217 Fax: 701-282-2753

E-Mail: [holycrosscc@holycrosswestfargo.com](mailto:holycrosscc@holycrosswestfargo.com)

## Last Brick Building Contributions Pre-Authorized Debit Authorization

We are pleased to be able to offer you a new way to pay your church offering with the Direct Debit offering program. Now you can pay your contribution to the church automatically each month or twice each month. And you don't have to change your banking relationship to take advantage of this service.

Direct Debit offering will help you in many ways, including the following:

- No check writing with associated charges.
- Reduced postage expense.
- Control over funds is guaranteed (via Regulation E).
- Easy to sign up, change, or even cancel.

Here is how Direct Debit offering works. The authorization form provided below gives you and your financial institution authority to pay your contribution from your account. To take advantage of Direct Debit offering, simply complete the form as follows:

- Check the appropriate box to indicate whether your payment will be withdrawn from your checking or savings account.
- Fill in Semi-Monthly or Monthly withdrawal.
- Fill in your name, financial institution's name and location, date and phone number.
- **Attach a voided check for verification of all the financial institution's information.**
- Sign the form.

We believe you will enjoy the added convenience of having your contribution paid for you. Direct Debit offering is safe, convenient, and easy. To take advantage of this service, complete the attached form and return it.

### Customer Authorization Form

(Please fill out form completely)

I authorize Holy Cross Catholic Church and the financial institution listed below to initiate electronic debit entries, and if necessary, credit entices and adjustments for any debit entries in error to my:

Checking Account # \_\_\_\_\_

Savings Account # \_\_\_\_\_

Amount to be withdrawn per debit: \$ \_\_\_\_\_

Start Date \_\_\_\_\_

Semi-Monthly (15<sup>th</sup> and Last Day of Month)

Monthly (15<sup>th</sup> of the Month)

Please print the following:

Name: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Branch: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Transit Routing (ABA) Number: \_\_\_\_\_