

The Last Brick Campaign Gift / Pledge Form

2711 7th St East, West Fargo, ND 58078 | 701.282.7217 | 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 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) Make checks payable to: *Holy Cross Catholic Church* and write "Last Brick Campaign" in the memo line.
- Automatic Withdrawal from checking or savings. ****Complete the Debit Authorization portion at the bottom of this page.**
- Credit card (Visa, MasterCard, Discover, American Express). *Authorize via MyEoffering link at holycrosswestfargo.com*
- IRA transfer
- Land/Trust
- Charitable Gift Annuity
- Bequests/Wills
- Crop Donations
- Stock
- Other _____

****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Amount to be withdrawn per debit: \$ _____ Start Date _____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 (15th and Last Day of Month) Monthly (15th of the Month)

Name: _____

Financial Institution Name: _____

Donor Signature: _____ Date: _____

Daytime Telephone Number: _____

Transit Routing (ABA) Number: _____

Please attach voided check. Donations are tax deductible as provided by law.

Office Use Only: __Access __PDS __TY __Brick