I authorize the Diocese of Wheeling-Charleston to deduct $_____ each month until my pledge is fulfilled.

Direct Debit

Name on Account: _____

Bank Name: _____

Routing Number:

Account Number:

_____

Signature Date

Credit Card

Name: _____
(as it appears on card)

Credit Card Type:

☐ **Visa** ☐ **Master Card** ☐ **American Express** ☐ **Discover**

Card Number:

Exp. Date: Mo. | | Yr. | | | | | CVV | | | |

_____

Signature Date

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Birthdate: _____

Parish & city to receive Parish Share portion.

_____

☐ I **did not** receive a mailing at home.

SUGGESTED GIFT PLANS

	8 Monthly Payments	Total Gift
☐	$150	$1200
☐	$100	$800
☐	$50	$400
☐	$40	$320
☐	$30	$240
☐	$20	$160
☐	$10	$80

Pledge Commitment: $ _____

8 Payments of $ _____ or

1 Time Gift of: $ _____

Payment Method:

- ☐ Check *(Payable to Catholic Sharing Appeal)*
- ☐ Direct Debit *(See back)*
- ☐ Credit Card *(See back)*
- ☐ Please send me information on how to make a stock donation.
- ☐ I made my gift online.

Please complete pledges by Dec. 31, 2018