

# Sowing Seeds of HOPE

Your support of the 2019 Catholic Sharing Appeal provides much needed support for your local parishes and missions, spiritual and physical comfort to those in need, and inspires children, young adults and families to embrace and nurture their Catholic faith through evangelization efforts. Please consider participating in the CSA as an expression of your commitment to charity and compassion for others.

Large or small, all donations matter. Thank you for your prayerful consideration.

## SUGGESTED GIFT GUIDE

8 MONTHLY PAYMENTS	TOTAL GIFT
\$12	\$96
\$25	\$200
\$40	\$320
\$50	\$400
\$75	\$600
\$100	\$800
\$125	\$1,000
\$150	\$1,200
\$200	\$1,600

“The CSA is an opportunity to renew the message of our shared responsibility to be good stewards of our treasures.”

- *Rev. Msgr. Paul Hudock, Pastor, St. Vincent de Paul Parish, Wheeling*

Title	First Name	Last Name
Spouse Title	Spouse First Name	Spouse Last Name (if different)
Home Address	<input type="checkbox"/> <i>New Address</i>	Apt/Unit #
City	State	Zip Code
Email Address	Home Phone	Cell Phone
Parish/Mission Name	Parish/Mission City	

Please send me information on how to make a stock donation.

I am interested in learning about how an endowment could benefit a parish, Catholic school or ministry.

I would like more information on leaving the Church in my Will or Estate Plan.

What is the likelihood that you may leave the Church in your Will or Estate Plan?     Likely     Unlikely

**Total Pledge**          \$ \_\_\_\_\_

**8 Payments of**          \$ \_\_\_\_\_

**Or**

**1-Time Gift of**          \$ \_\_\_\_\_

### Payment Method

- Cash (*It is not advisable to mail cash*)
- Check (*payable to Catholic Sharing Appeal*)
- Credit Card (*see back*)
- Direct Debit (*see back*)
- I made my gift online

**Please complete all gifts by December 31, 2019**

- Please remember my intentions: \_\_\_\_\_
- I am praying for the success of the Appeal.

I authorize the Diocese of Wheeling-Charleston to deduct

\$\_\_\_\_\_ each month until my pledge is fulfilled.     \$\_\_\_\_\_ one time.

**Direct Debit**  
(Include a voided check.)

Name on Account: \_\_\_\_\_

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

Routing Number:

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Account Number:

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

**Credit Card**

Name: \_\_\_\_\_  
(as it appears on card)

Credit Card Type:

Visa     Master Card     American Express     Discover

Card Number: (13 or 16 digits)

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Exp. Date: Mo. 

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 Yr. 

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 CVV 

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Signature Date