

CAPITAL CAMPAIGN 2013-2018

We are hopeful that your family will consider a gift in the amount of

\$ _____

over a five-year period



1. I/we pledge the total amount of \$ _____ to be paid over a period of five years.

2. The payment of our pledge will be made:

Annually Semi-Annually Quarterly Monthly Other: _____

3a. We are enclosing an initial payment of \$ _____

(make checks payable to **Sacred Heart - Sacred Space**)

and our regular payments will begin on _____

3b. Please start our payments on _____

Payment will be made by: Check Checking/Savings Auto Withdrawal Credit Card

Please fill out the appropriate information on the back of this card if you wish your payments to be automatic.

Signature: _____ Date: _____

Your gift is tax deductible and not legally binding, but please consider it a moral intent to honor.



Sacred Heart Sacred Space

101 Cottonwood
Emporia, Kansas 66801

**Automatic Payment from
Checking/Savings or Credit Card:**

*If you prefer to give this information in person,
please call the Parish Business Office at 620-342-1061*

I wish to pay my pledge automatically from my bank account(s).

I hereby authorize **Sacred Heart** to

establish monthly automatic payments of \$ _____

From: Checking Account* Savings Account* Credit Card

Start Date: _____ Month _____ Year _____

Signature

Print Name(s) as it appears on Account/Card

If using Automatic Bank Payment: (*Please include a voided check for checking or deposit slip for savings.)

Routing #: _____ Account Number: _____

If using Credit Card Payment: Master Card Visa American Express

Card Number: _____ - _____ - _____ - _____ Expiration Date: ____/____/____

VN #: ____ (The 3 digit Number printed on the back of your card in the signature area)

Day of Month debits are to be posted (please check one): 5th 20th

Some employers offer matching gifts funds to your pledge. Please list your employer below and we will research this.

Company name, location, and contact person: _____