

Our Faith, Our Eucharist, Our Family

2008 Bishop's Annual Appeal

FULL NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PARISH: _____

CITY: _____

Please Return To: Bishop Frederick F. Campbell
Bishop's Annual Appeal
198 E Broad Street
Columbus, Ohio 43215-3766

TOTAL GIFT \$ _____

PAYING NOW \$ _____ CHECK CASH CREDIT/DEBIT

BALANCE \$ _____

I wish to pay the balance: CREDIT OR DEBIT CASH CREDIT/DEBIT

5 MONTHLY PAYMENTS 10 MONTHLY PAYMENTS

Or bill me in the following months:

2008	<input type="checkbox"/> August	<input type="checkbox"/> November	2009
<input type="checkbox"/> June	<input type="checkbox"/> September	<input type="checkbox"/> December	<input type="checkbox"/> January
<input type="checkbox"/> July	<input type="checkbox"/> October		<input type="checkbox"/> February
			<input type="checkbox"/> March

 DONOR'S SIGNATURE

	SUGGESTED GIFT PLAN	5 MONTHLY PAYMENTS OF	10 MONTHLY PAYMENTS OF
Gold	\$5,000	\$1,000	\$500
Silver	2,500	MITER 500	SOCIETY 250
Bronze	1,000	200	100
	\$750	\$150	\$75
	500	100	50
	250	50	25
	100	20	10

PLEASE MAKE CHECKS PAYABLE TO:
(NAME OF YOUR PARISH & BISHOP'S ANNUAL APPEAL)

CHECKING ACCOUNT

✠ I authorize the Catholic Diocese of Columbus to withdraw \$ _____ per month for _____ months (No. of months must not exceed 10) until my pledge of \$ _____ is paid in full.

✠ Please make this electronic transfer on the 5th or the 20th of each month from my checking account. (Withdrawals will begin in June, 2008.)

Name: _____ Date: _____
 (PLEASE PRINT)

Signature: _____

Daytime Phone: (_____) _____

**PLEASE COMPLETE NAME & ADDRESS AT THE TOP OF THIS FORM &
 ENCLOSE A VOIDED CHECK!**

CREDIT OR DEBIT CARD

✠ I authorize the Catholic Diocese of Columbus to charge my Visa® MasterCard® \$ _____ per month for _____ months (No. of months must not exceed 10) until my pledge of \$ _____ is paid in full.

✠ Please charge this electronic transfer to my credit card on the 5th or the 20th of each mo.
 Credit Card No. [] Expires: [] [] [] []
 (13 or 16 digits) Mo. Yr. [] [] [] []

Visa® or MasterCard® only—Charges will begin in June, 2008.

Print Name of Cardholder: _____

Cardholder's Signature: _____

Daytime Phone: (_____) _____

PLEASE COMPLETE NAME & ADDRESS AT THE TOP OF THIS FORM.