



I/We pledge to our 1-year Campaign:

Amount of Gift: \_\_\_\_\_

Initial Payment: \_\_\_\_\_

*(Please consider a 10-20% initial investment)*

Pledge Balance: \_\_\_\_\_

*Campaign donations are tax-deductible contributions:*

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

Please print your name as you would like it to appear in any campaign recognition materials:

I/We would like our gift to remain anonymous.

*Please complete information on reverse side:*

**Thank you for your consideration. We are excited to have you join fellow parishioners in support of this historic campaign for Sacred Heart Parish!**

**CALCULATE YOUR PLEDGE**

| <b>Total Gift</b> | <b>Monthly</b> | <b>Quarterly</b> |
|-------------------|----------------|------------------|
| \$200,000         | \$16,667       | \$50,000         |
| \$150,000         | \$12,500       | \$37,500         |
| \$120,000         | \$10,000       | \$30,000         |
| \$90,000          | \$7,500        | \$22,500         |
| \$75,000          | \$6,250        | \$18,750         |
| \$60,000          | \$5,000        | \$15,000         |
| \$50,000          | \$4,167        | \$12,500         |
| \$30,000          | \$2,500        | \$7,500          |
| \$18,000          | \$1,500        | \$4,500          |
| \$15,000          | \$1,250        | \$3,750          |
| \$12,000          | \$1,000        | \$3,000          |
| \$9,000           | \$750          | \$2,250          |
| \$3,600           | \$300          | \$900            |
| \$1,800           | \$150          | \$450            |

## METHOD OF PAYMENT

*(accounting for all campaign funds will be handled by the Today Tomorrow Together Campaign Office, including disbursements of gifts designated to the parishes)*

Cash/check *(make payable to "TTT Campaign")*

Credit Card

American Express  MasterCard  VISA  Discover

Account Number: \_\_\_\_\_

Name on card: \_\_\_\_\_

Expiration date: \_\_\_\_\_ / \_\_\_\_\_ CVV/CVC Code: \_\_\_\_\_

Automatic Withdrawal\*

Bank routing number: \_\_\_\_\_

Account number: \_\_\_\_\_

*\*The Business Office will coordinate this process with you.*

Stock\*\*

Life Insurance\*\*

Other\*\*: \_\_\_\_\_

*\*\*The Business Office will contact you for additional information.*

## DONOR INFORMATION

### TIMING OF GIFT

I/We intend to pay the balance as follows :

Monthly  Quarterly  1-time gift

Date of first payment: \_\_\_\_\_

*\*Please provide this information so we may update our records.*

\*Cell Phone: \_\_\_\_\_

\*Email: \_\_\_\_\_