



# ANNUAL APPEAL 2018

ARCHDIOCESE OF WASHINGTON  
 P.O. Box 29260 | Washington, DC 20017-0260 | 301-853-4574  
[appeal.adw.org](http://appeal.adw.org)

"Seek first the Kingdom of God." -Matthew 6:33

Contribute to the Annual Appeal today by printing out this PDF form and filling it out.

Please mail to: **Archdiocese of Washington**  
 P.O. Box 29260, Washington, DC 20017-0260

## Please print below:

Please check one:  Mr. and Mrs.  Mr.  Mrs.  Miss  Ms.  \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Spouse Name \_\_\_\_\_

Address \_\_\_\_\_ Apt/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please credit my gift to (Parish Name) \_\_\_\_\_

( ) ( )  
 Primary Phone ( home  work  cell) Secondary Phone ( home  work  cell)

Email \_\_\_\_\_

## ANNUAL APPEAL 2018 PLEDGE

Suggested Pledge	3 Monthly Payments	Suggested Pledge	3 Monthly Payments
<b>Cardinal's Guild</b>	<input type="checkbox"/> \$25,000. <sup>00</sup> ..... \$8,333. <sup>50</sup>	<b>Circle of Charity</b>	<input type="checkbox"/> \$1,500. <sup>00</sup> ..... \$500. <sup>00</sup>
<b>Cardinal's Circle</b>	<input type="checkbox"/> \$10,000. <sup>00</sup> ..... \$3,333. <sup>50</sup>	<b>Circle of Hope</b>	<input type="checkbox"/> \$1,000. <sup>00</sup> ..... \$333. <sup>50</sup>
<b>Pallium Society</b>	<input type="checkbox"/> \$ 7,500. <sup>00</sup> ..... \$2,500. <sup>00</sup>	<b>Circle of Faith</b>	<input type="checkbox"/> \$ 750. <sup>00</sup> ..... \$250. <sup>00</sup>
<b>Crozier Society</b>	<input type="checkbox"/> \$ 5,000. <sup>00</sup> ..... \$1,666. <sup>50</sup>	<b>Other Gift Levels</b>	<input type="checkbox"/> Other:..... \$ _____
<b>Miter Society</b>	<input type="checkbox"/> \$ 2,500. <sup>00</sup> ..... \$ 833. <sup>50</sup>		<input type="checkbox"/> \$ 600. <sup>00</sup> ..... \$200. <sup>00</sup>
			<input type="checkbox"/> \$ 300. <sup>00</sup> ..... \$100. <sup>00</sup>
			<input type="checkbox"/> \$ 150. <sup>00</sup> ..... \$ 50. <sup>00</sup>

Total Amount Pledged \$ \_\_\_\_\_  
 Amount Enclosed \$ \_\_\_\_\_  
 Balance to be Paid \$ \_\_\_\_\_

*Please make your check payable to Annual Appeal.*

## CREDIT CARD

Please choose from one of the two following options:

- Please charge my entire pledge as a one-time gift now or
- Please charge my pledge balance in equal monthly installments

Beginning on \_\_\_\_\_ for a total of \_\_\_\_\_ months.  
(Month) (Up to 3 mos.)

To my:  Visa  Mastercard  Amex  Discover

Card No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

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

## DIRECT DEBIT

Please choose from one of the two following options:

- Please debit my entire pledge as a one-time gift now or
- Please debit my pledge balance in equal monthly installments

Beginning on \_\_\_\_\_ for a total of \_\_\_\_\_ months.  
(Month) (Up to 3 mos.)

Name(s) on Account: \_\_\_\_\_

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

Routing No. \_\_\_\_\_

Account No. \_\_\_\_\_

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