

Please contribute to the Annual Appeal today by completing this form and returning it to:

Archdiocese of Washington

P.O. Box 29260, Washington, DC 20017-0260

or by email to:

cruzd@adw.org

Please check one: Mr. and Mrs. Mr. Mrs. Ms. _____

First Name Last Name Suffix

Spouse Full Name

Address Apt/Unit #

City State Zip

Parish Name and City

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

Email

ANNUAL APPEAL 202 PLEDGE

Suggested Pledge	10 Monthly Payments	Suggested Pledge	10 Monthly Payments
Circle of Love		Circle of Hope	
<input type="checkbox"/> \$25,000. ⁰⁰ \$2,500. ⁰⁰		<input type="checkbox"/> \$1,000. ⁰⁰ \$100. ⁰⁰	
Circle of Peace		Circle of Faith	
<input type="checkbox"/> \$10,000. ⁰⁰ \$1,000. ⁰⁰		<input type="checkbox"/> \$ 750. ⁰⁰ \$ 75. ⁰⁰	
Circle of Unity		Other Gift Levels	
<input type="checkbox"/> \$ 5,000. ⁰⁰ \$ 500. ⁰⁰		<input type="checkbox"/> Other:..... \$ _____	
Circle of Charity		<input type="checkbox"/> \$ 600. ⁰⁰ \$ 60. ⁰⁰	
<input type="checkbox"/> \$ 2,500. ⁰⁰ \$ 250. ⁰⁰		<input type="checkbox"/> \$ 450. ⁰⁰ \$ 45. ⁰⁰	
Circle of Mission		<input type="checkbox"/> \$ 300. ⁰⁰ \$ 30. ⁰⁰	
<input type="checkbox"/> \$ 1,500. ⁰⁰ \$ 150. ⁰⁰		<input type="checkbox"/> \$ 150. ⁰⁰ \$ 15. ⁰⁰	
		<input type="checkbox"/> \$ 100. ⁰⁰ \$ 10. ⁰⁰	

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

Please make your check payable to Annual Appeal.

CREDIT CARD

Please choose ONE of the following options below:

- Please charge my entire pledge as a one-time gift now
- Please charge my pledge balance in equal monthly installments
Beginning in _____ and ending in _____
(Month) Month (ending by 12/31/20)
- Please charge \$ _____ monthly as a sustaining (ongoing) gift
Beginning in _____ and continuing until I notify ADW to discontinue
(Month)

To my: Visa Mastercard Amex Discover

Card No: _____ Exp. Date: _____

Name as it appears on card: _____

Signature: _____

DIRECT DEBIT

Please choose ONE of the following options below:

- Please charge my entire pledge as a one-time gift now
- Please charge my pledge balance in equal monthly installments
Beginning in _____ and ending in _____
(Month) Month (ending by 12/31/20)
- Please charge \$ _____ monthly as a sustaining (ongoing) gift
Beginning in _____ and continuing until I notify ADW to discontinue
(Month)

Name(s) on account: _____

Bank Name: _____

Routing No.: _____

Account No.: _____

Signature: _____