

Many
Ministries,
One Church

2023 ANNUAL APPEAL

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The Roman Catholic
Archdiocese of Washington

P.O. Box 29260
Washington, DC 20017-0260
(301) 637-6129

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

The Roman Catholic Archdiocese of Washington

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

or by email to: ortegad@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 2023 PLEDGE			
Suggested Pledge	9 Monthly Payments	Suggested Pledge	9 Monthly Payments
Circle of Love <input type="checkbox"/> \$25,000. ⁰⁰ ...\$2,777. ⁷⁸		Circle of Hope <input type="checkbox"/> \$1,000. ⁰⁰\$111. ¹²	
Circle of Peace <input type="checkbox"/> \$10,000. ⁰⁰ ...\$1,111. ¹²		Circle of Faith <input type="checkbox"/> \$ 750. ⁰⁰\$ 83. ³⁴	
Circle of Unity <input type="checkbox"/> \$ 5,000. ⁰⁰ ...\$ 555. ⁵⁶		Other Gift Levels <input type="checkbox"/> Other:.....\$ _____ <input type="checkbox"/> \$ 600. ⁰⁰\$ 66. ⁶⁷ <input type="checkbox"/> \$ 450. ⁰⁰\$ 50. ⁰⁰ <input type="checkbox"/> \$ 300. ⁰⁰\$ 33. ³⁴ <input type="checkbox"/> \$ 150. ⁰⁰\$ 16. ⁶⁷ <input type="checkbox"/> \$ 100. ⁰⁰\$ 11. ¹²	
Circle of Charity <input type="checkbox"/> \$ 2,500. ⁰⁰ ...\$ 277. ⁷⁸			
Circle of Mission <input type="checkbox"/> \$ 1,500. ⁰⁰ ...\$ 166. ⁶⁷			
Total Amount Pledged		\$	
Amount Enclosed		\$	
Balance to be Paid		\$	
Please make your check payable to Annual Appeal.			

CREDIT CARD/DEBIT 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 _____ (Month) and ending in _____ (Month ending no later than Dec. 2023)
- Please charge \$ _____ monthly as a sustaining (ongoing) gift
Beginning in _____ (Month) and continuing until I notify ADW to discontinue

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 _____ (Month) and ending in _____ (Month ending no later than Dec. 2023)
- Please charge \$ _____ monthly as a sustaining (ongoing) gift
Beginning in _____ (Month) and continuing until I notify ADW to discontinue

Name(s) on account: _____

Bank name: _____

Routing no.: _____

Account no.: _____

Signature: _____