

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	4 Monthly Payments	Suggested Pledge	4 Monthly Payments
Circle of Love <input type="checkbox"/> \$25,000. ⁰⁰ ...\$6,250. ⁰⁰		Circle of Hope <input type="checkbox"/> \$1,000. ⁰⁰\$250. ⁰⁰	
Circle of Peace <input type="checkbox"/> \$10,000. ⁰⁰ ...\$2,500. ⁰⁰		Circle of Faith <input type="checkbox"/> \$ 750. ⁰⁰\$ 187. ⁵⁰	
Circle of Unity <input type="checkbox"/> \$ 5,000. ⁰⁰ ...\$1,250. ⁰⁰		Other Gift Levels <input type="checkbox"/> Other:.....\$ _____	
Circle of Charity <input type="checkbox"/> \$ 2,500. ⁰⁰ ...\$ 625. ⁰⁰		<input type="checkbox"/> \$ 600. ⁰⁰\$ 150. ⁰⁰	
Circle of Mission <input type="checkbox"/> \$ 1,500. ⁰⁰ ...\$ 375. ⁰⁰		<input type="checkbox"/> \$ 450. ⁰⁰\$ 112. ⁵⁰	
		<input type="checkbox"/> \$ 300. ⁰⁰\$ 75. ⁰⁰	
		<input type="checkbox"/> \$ 150. ⁰⁰\$ 37. ⁵⁰	
		<input type="checkbox"/> \$ 100. ⁰⁰\$ 25. ⁰⁰	

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 _____ and ending in _____
(Month) Month (ending no later than Dec. 2023)
- ☐ 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 no later than Dec. 2023)
- ☐ 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: _____