



# Annual Catholic Services 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 2024 Annual Catholic Services 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 CATHOLIC SERVICES APPEAL 2024 PLEDGE

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

Total Amount Pledged \$ \_\_\_\_\_

Amount Enclosed \$ \_\_\_\_\_

Balance to be Paid \$ \_\_\_\_\_

Please make your check payable to **Archdiocese of Washington**

### 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. 2024)
- 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. 2024)
- 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: \_\_\_\_\_