



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 2025 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 2025 PLEDGE

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

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 _____ and ending in _____
(Month) Month (ending no later than Dec. 2025)
- 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. 2025)
- 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: _____