

1

COMMITMENT _____ ENCLOSED \$ _____

CHECK # _____ BALANCE \$ _____

CHECKS PAYABLE TO: Diocese of Rockford - DA

2

CONTACT INFORMATION

Please write clearly to help us accurately record your gift/pledge.

PARISH _____

NAME _____

MAILING ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

EMAIL ADDRESS _____

3

PAYMENT DETAILS

INSTALLMENT OPTION

Please mail me statements:

- MONTHLY
(10 months: July-April)
- QUARTERLY
(July, Oct, Jan, Apr)

Statements mailed in July.

ONE-TIME GIFT

- I have enclosed a check for the full amount.

- Unable to donate at this time, but will pray for the success of the appeal. Prayer intention enclosed.
- I wish to keep up on news within our diocese. Please send me information on subscribing to *The Observer*