



CAPITAL CAMPAIGN
2024-2025

DONOR INFORMATION

NAME		
EMAIL	EMAIL (2)	
PHONE	PHONE (2)	
ADDRESS		
CITY	STATE	ZIP

CAMPAIGN PLEDGE

I/We pledge to the Together in Sport & Spirit Capital Campaign

AMOUNT OF GIFT	\$	<input type="text"/>
INITIAL PAYMENT <small>PLEASE CONSIDER GIVING 10-20% INITIALLY</small>	\$	<input type="text"/>
PLEDGE BALANCE	\$	<input type="text"/>

My gift will be matched by my company:

I/We would like to dedicate our gift to:

TIMING OF PAYMENT

I/We intend to pay the balance as follows:

Monthly Quarterly Semiannually Annually

I/We will begin paying for my/our pledge beginning on (date):

OFFICE USE ONLY

DIOCESE ID	RECEIVED DATE
COMPANY ID	ACKNOWLEDGED

METHOD OF PAYMENT

**The MACS Finance Office will contact you for additional information*

Cash/Check (make payable to Christ the King) Credit Card (see next section) Stock*
 Automatic Withdrawal (see next section) Life Insurance* Other*

CREDIT CARD INFORMATION

You may charge my credit card \$

Monthly Quarterly Semiannually Annually

to fulfill my pledge balance of \$

Contact Me for Credit Information

ACCOUNT #	CVV/CVC CODE
NAME ON CARD	EXPIRATION DATE

American Express MasterCard Discover VISA

AUTOMATIC WITHDRAWAL INFORMATION

You may electronically transfer \$

Monthly Quarterly Semiannually Annually

to fulfill my pledge balance of \$

ACCOUNT #

BANK ROUTING #

**Please include a voided check with your payment information
All EFTs will be taken on the 15th of the month after authorization

SIGNATURE <input type="text"/>	DATE <input type="text"/>
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Please print your name as you would like it to appear in any campaign recognition materials:

I/We would like our gift to remain anonymous