



CAPITAL CAMPAIGN PLEDGE AND CONTRIBUTION FORM

Please return this form to the parish office or place it in an envelope in the offertory collection at Mass.

1. FAMILY INFORMATION

Name(s) _____
Address _____ City/St _____ Zip _____
Telephone _____ Email _____

For Office Use Only: Env# _____ ID# _____



*Spirit Most Holy
Giver of our every gift
may we be about your work
here in this place and time;
enacting our faith,
proclaiming your trust,
faithful to our mission,
as members of the Lord's household.
May our actions and commitments
speak as loudly as our words.
In Jesus' name we pray. Amen.*

2. PLEDGE

For the *Faithful to Our Mission* Capital Campaign, we are requesting a three-year commitment period. Please prayerful pledge an amount and payment plan with which your family is most comfortable.

\$ _____ per: Week Month Quarter Year Other: _____

Total Pledge: \$ _____ First Contribution Date: _____

I/we recognize that this is not a legally binding pledge but rather a statement of intent to support St. Austin Catholic Parish's *Faithful to Our Mission Capital Campaign* during the period and in the manner named above. I/we acknowledge that St. Austin will not provide any goods or services in whole or part in exchange for this gift.

Signature _____ Date _____

3. CONTRIBUTION

Please select how you wish to make your contribution:

- Checks/cash. For record-keeping purposes we ask that cash donations be placed in an envelope labeled with your name and address. Please note "Capital Campaign" on your envelope or the memo line of your check.
- Recurring or one-time transaction(s) through direct debit or credit card. *Please complete information on reverse.*
- Other. To make gifts of stock, bequests or other gifts, please contact the parish office.

4. BANK ACCOUNT WITHDRAWAL AND DEBIT/CREDIT CARD AUTHORIZATION

Please complete the appropriate information below if you'd like to initiate online contributions.

Checking Account Withdrawal

(You must attach a voided check to this form in order to process a checking account withdrawal.)

Bank Name _____ Routing Number _____

Account Number _____ Withdrawal Amt: \$ _____

Reoccurring Withdrawal Date: Weekly on _____ Monthly on the _____ Other _____

Date of First Transaction _____

I authorize St. Austin Catholic Parish to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Signature _____ Date _____

Debit/Credit Card (signature required)

Card # _____ Exp _____ / _____

Card Type: Visa MC Discover

Withdrawal Amt: \$ _____ Date of First Transaction _____

Reoccurring Withdrawal Date: Weekly on _____ Monthly on the _____ Other _____

Billing Address (if different from above) _____

I authorize St. Austin Catholic Parish to process transactions in accordance with the information above. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Signature _____ Date _____

Please contact the parish office to make any changes to your authorization.

Thank you