



FAITH IN ACTION

A CAMPAIGN FOR GROWING THE ST. ROSE OF LIMA FAMILY

Donor Name _____

As you wish to be recognized in printed materials. Please do not list me in printed materials.

Address _____

City _____ State _____ Zip _____

E-mail _____ Phone _____

Signature(s) _____ Date _____

I/We pledge to St. Rose of Lima's Faith in Action Campaign with a

Pledge of _____

To be paid in _____ monthly/quarterly/annual installments of _____ beginning on _____
please circle

Initial Payment Amount _____ Initial Payment Date _____
Please consider giving 10-20% initially

METHOD OF GIVING

Cash / Check (payable to St. Rose of Lima)

Credit Card (Visa/MC/Discover)

CC # _____

Expiration _____ CVV: _____

Automatic Withdrawal *(include voided check please)*

Stock/Securities*

Deferred Gift Option* (Bequests, Beneficiary of Retirement or Life Insurance Plans, or Charitable Trust)

*Our Business office will contact you with regard to your gift and how to proceed.

Please send me a reminder when my next payment is due.

ALL DONATIONS ARE TAX DEDUCTIBLE TO THE EXTENT OF THE LAW.

THANK YOU FOR YOUR GENEROSITY TO ST. ROSE !

