DIOCESE OF VENICE IN FLORIDA **Catholic Faith Appeal** PO Box 60759 • Fort Myers, FL 33906-6759

Name_____ Address City / State / Zip Phone Alternate Address E-Mail address

- Enclosed is my (our) check payable to the Catholic Faith Appeal.
- I (we) will pay by credit card or direct debit. Please complete the back of this card.
- I (we) will make a stock gift. (Please call 941-486-4719 for transfer instructions.)
- I (we) have already given my (our) gift. (Thank You!)
- I (we) am not giving this year. ___ Favor de enviarme correspondencia en Español

DOV LOAL4 COMMITMENTSUNDAY

PLEASE COMPLETE BOTH PARTS OF THIS FORM

Credit Card

Please complete the information below or go to www.DioceseofVenice.org, click on "Catholic Faith Appeal Donate Now".		
Credit Card Type:VISA Mastercard	Am Ex Discover	
Credit Card Number		
Expiration Date		
Billing Zip Code		
Holder's Name		
Charge a <i>one time</i> gift of \$		
Charge a <i>monthly</i> gift of \$ fo	r a total of \$	
beginning for	Number of Months	
(not past December 2014)		
Signature	Date	

Direct Debit

IMPORTANT: PLEASE INCLUDE A BLANK, VOIDED CHECK.

St. John the Evangelist Parish

Bank			
Name(s)			
Account #			
Withdraw the amount of \$		mor	thly
beginning	for	Number of Months	months
(not past December 2014)		Number of Months	
Signature		Date	
Signature		Date	

□ I (we) will support the 2014 Catholic Faith Appeal with a gift of \$

□ I (we) will **pledge** to the 2014 Catholic Faith Appeal: Total Pledge \$_____ Paying Now \$_____ Bala

ance Due	\$
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Monthly reminders will be provided through December 2014 unless you choose to pay your pledge by credit card or direct debit.

Note: Pledge payments will be processed on the same day each month consistent with the date of the first payment.