

A Decision of Faith...

What is the right amount to pledge?

These questions are here to help you decide. Only you know the answers.

1. Is your pledge motivated by love and gratitude to God - a way to acknowledge all the ways that God has blessed you?
2. Does your pledge stretch your faith by lifting you beyond your comfort zone, causing a new selflessness on your part and requiring you to place your trust first in God?
3. Do you feel a sense of purpose and a spirit of joy in making your pledge rather than responding from a sense of obligation or guilt?

Suggested Gift Plans

- I have already made my commitment.
- \$12,000 - 5 year pledge, \$200 per month
- \$ 9,000 - 5 year pledge, \$150 per month
- \$ 6,000 - 5 year pledge, \$100 per month
- \$ 4,500 - 5 year pledge, \$ 75 per month
- \$ 3,000 - 5 year pledge, \$ 50 per month
- \$ 2,400 - 5 year pledge, \$ 40 per month
- \$ 1,800 - 5 year pledge, \$ 30 per month
- \$(other) _____ per month for _____ months

Total Pledge

Optional Initial Payment

Balance

Please make checks payable to: *Alive in Christ*

- I will contact my human resources department to determine if my employer matches charitable contributions.
- I would like more information on how to make a gift of stock.
- I would like more information on how to remember the Church in my will.

FOR OFFICE USE ONLY

CHECK # _____ CHECK DATE _____

Thank You...

for your faith-filled commitment.

NAME _____

PLEASE PRINT CLEARLY

ADDRESS _____

STREET, CITY, STATE, ZIP

PHONE _____

EMAIL _____

SIGNATURE _____

DATE _____

- Please do not publish my name in recognition material. I prefer to remain anonymous.

Direct Debit Payment

- Checking (please attach a voided check)
- Savings (please attach deposit slip)

Bank Name _____

Routing # _____

Account # _____

Withdraw \$ _____ on the 5th 20th of each month, beginning in _____ (month) of _____ (year) for _____ months.

Important: please attach your voided check or savings deposit slip.

Credit/Debit Cards

- This is a one-time gift to my credit/debit card.
- Please charge equal payments to my credit/debit card, on the 5th of each month for _____ months.



Credit/Debit Card # _____

PLEASE PRINT CLEARLY

Expiration Date: _____

Cardholder Name: _____

Cardholder Signature: _____

I authorize The Catholic Foundation of Central Florida, Inc. to credit or debit from the account specified on this form.

SIGNATURE

DATE