

Light the Way



Support Deceased Children Program 2007
Eligible Family: 10-14-12-13-14-15-16-17-18-19



Enter Pledge Amount

Total gift amount \$ _____

Amount paid now \$ _____

Balance to pay \$ _____

Choose Payment Schedule

- 10 monthly payments
- Quarterly payments
- Semi-annual payments
- One-time payment

Method of Payment

Check (Payable to DOP)

Monthly Bank Debit

Credit Card

Visa

Master Card

Credit Card No.

Exp. Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Home Parish _____

Donor's Signature _____