I authorize the Diocese of Helena to charge my bank account/credit card equal payment amounts on the ***10th of each month*** *until my pledge is fulfilled.*

Signature: _____ Date: _____ Phone Number: _____

Credit Card:

Name on Account: _____
(As it appears on the card)

Card Type: ❑ Visa ❑ MasterCard Expires: ☐☐☐☐

Card Number:

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Electronic Funds Transfer (a voided check is required):

Name on Account: _____

Bank Name: _____

Routing Number (first 9 numbers on bottom left of check):

☐☐☐☐☐☐☐☐☐

Account Number (amount of numbers varies from bank to bank):

☐☐☐☐☐☐☐☐☐☐☐☐

THE U.S. BISHOPS GIFT GUIDELINE:
5% TO YOUR PARISH · 4% TO OTHER CHARITIES · 1% TO YOUR DIOCESE

Income =	$20,000	$40,000	$60,000	$80,000	$100,000
1% Diocesan Gift =	$200	$400	$600	$800	$1,000
10 Monthly Payments =	$20	$40	$60	$80	$100

For Office Use Only: _____

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Parish Name: _____

E-Mail Address: _____

Donor's Signature: _____

PLEASE RETURN YOUR PLEDGE ENVELOPE TO YOUR PARISH OR MAIL TO THE DIOCESE OF HELENA.

To receive information on Estate Planning, contact Beth at 1(800) 584-8914 (in Montana) or (406) 442-5820

OUR/MY COMMITMENT IS AS FOLLOWS:

Total Pledged: $ _____

Amount Enclosed: $ _____

Balance to be Paid: $ _____

Balance Payable (please send reminder for):

❑ ONE-TIME PAYMENT

❑ TWO EQUAL PAYMENTS (Dec. and June)

❑ 10 MONTHLY PAYMENTS (after 11/15/09 divided equally per month thru 8/31/10)

I wish to pay my pledge by:

❑ CHECK (payable to Annual Catholic Appeal)

See envelope flap above for:

❑ CREDIT CARD -or-

❑ ELECTRONIC FUNDS TRANSFER

❑ STOCK, call 1 (800) 584-8914 (in MT), or (406) 442-5820