



CARDINAL'S APPEAL 2018

ARCHDIOCESE OF WASHINGTON
 P.O. Box 29260 | Washington, DC 20017-0260 | 301-853-4574
 appeal.adw.org | #CardinalsAppeal

"Seek first the Kingdom of God." -Matthew 6:33

Contribute to the Cardinal's Appeal today by printing out this PDF form and filling it out.

Please mail to: **Archdiocese of Washington**
 P.O. Box 29260, Washington, DC 20017-0260

Please print below:

Please check one: Mr. and Mrs. Mr. Mrs. Miss Ms. _____

First Name _____ Last Name _____ Suffix _____

Spouse Name _____

Address _____ Apt/Unit # _____

City _____ State _____ Zip _____

Please credit my gift to (Parish Name) _____

() ()
 Primary Phone (home work cell) Secondary Phone (home work cell)

Email _____

CARDINAL'S APPEAL 2018 PLEDGE

Suggested Pledge	6 Monthly Payments	Suggested Pledge	6 Monthly Payments
Cardinal's Guild	<input type="checkbox"/> \$25,000.00 \$4,166.50	Circle of Charity	<input type="checkbox"/> \$1,500.00 \$250.00
Cardinal's Circle	<input type="checkbox"/> \$10,000.00 \$1,666.50	Circle of Hope	<input type="checkbox"/> \$1,000.00 \$166.50
Pallium Society	<input type="checkbox"/> \$ 7,500.00 \$1,250.00	Circle of Faith	<input type="checkbox"/> \$ 750.00 \$125.00
Crosier Society	<input type="checkbox"/> \$ 5,000.00 \$ 833.50	Other Gift Levels	<input type="checkbox"/> Other:..... \$ _____
Miter Society	<input type="checkbox"/> \$ 2,500.00 \$ 416.50	<input type="checkbox"/> \$ 600.00 \$100.00	<input type="checkbox"/> \$ 300.00 \$ 50.00
		<input type="checkbox"/> \$ 150.00 \$ 25.00	
Total Amount Pledged		\$ _____	
Amount Enclosed		\$ _____	
Balance to be Paid		\$ _____	

Please make your check payable to Cardinal's Appeal.

CREDIT CARD

Please charge \$_____ as a **One-Time Gift**

Please charge \$_____ as a **Monthly Gift**

Beginning on _____ for a total of _____ months. (not past Dec. 2018)

To my: Visa Mastercard Amex Discover

Card No: _____ Exp. Date: _____

Name as it appears on card: _____

Signature: _____

DIRECT DEBIT

Please debit \$_____ as a **One-Time Gift**

Please debit \$_____ as a **Monthly Gift**

Beginning on _____ for a total of _____ months. (not past Dec. 2018)

Name(s) on Account: _____

Bank Name: _____

Routing No. _____

Account No. _____

Signature: _____