



Our Faith. Our Hope. Our Mission.

2019 ANNUAL APPEAL
ARCHDIOCESE OF WASHINGTON
 P.O. Box 29260 • Washington, DC 20017-0260 • (301) 853-4575
 appeal.adw.org • #AnnualAppeal

Please contribute to the Annual Appeal today by completing this form and returning it to:

Archdiocese of Washington
 P.O. Box 29260, Washington, DC 20017-0260
 or by email to:
 development@adw.org

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

 First Name Last Name Suffix

 Spouse Name

 Address Apt/Unit #

 City State Zip

 Parish Name and City

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

 Email

ANNUAL APPEAL 2019 PLEDGE

Suggested Pledge	6 Monthly Payments	Suggested Pledge	6 Monthly Payments
Circle of Love		Circle of Hope	
<input type="checkbox"/> \$25,000. ⁰⁰ \$4,166. ⁵⁰		<input type="checkbox"/> \$1,000. ⁰⁰ \$166. ⁵⁰	
Circle of Peace		Circle of Faith	
<input type="checkbox"/> \$10,000. ⁰⁰ \$1,666. ⁵⁰		<input type="checkbox"/> \$ 750. ⁰⁰ \$125. ⁰⁰	
Circle of Unity		Other Gift Levels	
<input type="checkbox"/> \$ 5,000. ⁰⁰ \$ 833. ⁵⁰		<input type="checkbox"/> Other:..... \$ _____	
Circle of Charity		<input type="checkbox"/> \$ 600. ⁰⁰ \$100. ⁰⁰	
<input type="checkbox"/> \$ 2,500. ⁰⁰ \$ 416. ⁵⁰		<input type="checkbox"/> \$ 450. ⁰⁰ \$ 75. ⁰⁰	
Circle of Mission		<input type="checkbox"/> \$ 300. ⁰⁰ \$ 50. ⁰⁰	
<input type="checkbox"/> \$ 1,500. ⁰⁰ \$ 250. ⁰⁰		<input type="checkbox"/> \$ 150. ⁰⁰ \$ 25. ⁰⁰	
		<input type="checkbox"/> \$ 100. ⁰⁰ \$ 16. ⁵⁰	

Total Amount Pledged \$ _____
 Amount Enclosed \$ _____
 Balance to be Paid \$ _____

Please make your check payable to Annual Appeal.

CREDIT CARD

Please choose from one of the two following options:

- Please charge my entire pledge as a one-time gift now or
- Please charge my pledge balance in equal monthly installments

Beginning on _____ for a total of _____ months.
(Month) (Ending by 12/31/19)

To my: Visa Mastercard Amex Discover

Card No: _____ Exp. Date: _____

Name as it appears on card: _____

Signature: _____

DIRECT DEBIT

Please choose from one of the two following options:

- Please debit my entire pledge as a one-time gift now or
- Please charge my pledge balance in equal monthly installments

Beginning on _____ for a total of _____ months.
(Month) (Ending by 12/31/19)

Name(s) on Account: _____

Bank Name: _____

Routing No.: _____

Account No.: _____

Signature: _____