

# (APOSTOLATE NAME) PLEDGE CARD

Name(s): \_\_\_\_\_  
*Prefix First Last*

Mailing Address: \_\_\_\_\_  
*Address City State Zip*

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
*Area Code Number Address*

Do You Own or Operate a Business? ( ) Yes ( ) No

<b>I PLEDGE:</b>	( ) \$1,000	( ) \$500	( ) \$250	( ) \$100
	( ) \$75	( ) \$50	( ) \$35	Other \$ _____
As follows:	( ) Each Month	( ) One Time Only		

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ (Apostolate Name) is a 501(c)(3) non-profit corporation - All donations are tax deductible

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