



SHARING GOD'S GIFTS

Please prayerfully consider your gift to
The 2015 Cardinal's Annual
Stewardship Appeal.



- My **check** is enclosed.
- I wish to pay by **credit card**.
My credit card information is on the back of this card.
- I wish to use **direct debit** to pay my pledge. See my instructions on the back of this card.

My total pledge: \$ _____
Amount enclosed: \$ _____
Balance due: \$ _____

Make checks payable to: **The Cardinal's Appeal**, 1011 First Avenue, 14th Floor, New York, NY 10022-4112.

For more information, please contact the Appeal Office: Phone: (212) 371-1011 x3300 Fax: (212) 371-6463 Web: www.cardinalsappeal.org

• Authorization for Credit Card Payments:

Please charge my: Visa MasterCard American Express \$ _____

Please charge my card: one time each month for _____ months.

Card # _____ Exp. Date _____

Authorized Signature _____ Date _____

• Authorization for Direct Payments (ACH debits):

I (We) authorize the Appeal Office of the Archdiocese of New York to initiate debit entries to my (our)
 checking account savings account (select one) indicated below at the depository financial institution named below, and to
debit the same to such amount. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply
with provisions of U.S. law.

Depository Name _____ Address/Branch _____

Routing No. _____ Account No. _____

Please deduct \$ _____ from this account on the 1st or 15th of each month for _____ months.

Signature _____ Date _____

