



# SHARING GOD'S GIFTS

Please prayerfully consider your gift to  
The 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 [www.cardinalsappeal.org](http://www.cardinalsappeal.org)



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**• Authorization for Credit Card Payments:**

Please charge my:  Visa  MasterCard  American Express for a total of \$ \_\_\_\_\_

Please charge my card:  one time or  \$ \_\_\_\_\_ 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 \_\_\_\_\_



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