

Pledge Card

- Name: _____
- Address: _____ Telephone # _____
- 3-Year Pledge: \$50,000 \$40,000 \$20,000 \$10,000 \$5,000 Other _____
- Amount Enclosed: _____ Check # _____ Cash Visa MasterCard
- Credit Card# _____ Exp. _____ Signature _____
- Remaining Amount: _____ to be paid over the next 12 months 18 months 24 months 36 months
- Monthly Payment Amounts: _____ please charge my credit card monthly
- Please use electronic funds transfer (EFT) from my bank account monthly:
- Bank Name _____ Routing # _____ Account # _____
- Catholic Church of the Epiphany may list my name and pledge amount in written materials when giving thanks to donors
- Pledge online at www.epiphanypo.com
- *Donations are tax-deductible as allowed by law •*
- *Please make checks payable to: "Catholic Church of the Epiphany" (Memo: Facility Improvement Fund)*

- *201 Lafayette St. Port Orange, Fl 32127 (386)767-6111*
- _____

- *For Parish Office Use Only:*

- *Date Received _____ Date in PDS _____ by _____ Business Manager Initial _____*