

MR. & MRS.  MR.  MRS.  MS.  DR.

FIRST & LAST NAME \_\_\_\_\_

SPOUSE FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PARISH \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ MM / DD / YY BIRTHDAY OPTIONAL

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

START DATE:  IMMEDIATELY  INDICATE OTHER \_\_\_\_\_

PLEDGE BALANCE TO BE PAID:  10 MONTHLY PAYMENTS  ONE TIME

PAYMENT (S) TO BE MADE BY:  CHECK  VISA  MASTERCARD

CREDIT CARD NUMBER: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_ MONTH

CARDHOLDER'S NAME \_\_\_\_\_ YEAR

2014 APPEAL OFFICE USE ONLY

TOTAL PLEDGE

AMOUNT ENCLOSED

MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE BISHOP'S ANNUAL APPEAL. PLACE IN ENVELOPE AND MAIL TO: BISHOP'S ANNUAL APPEAL PO Box 190507 DALLAS, TX 75219

SR. & SRA.  SR.  SRA.  SRTA.  DR.

NOMBRE Y APELLIDO \_\_\_\_\_

NOMBRE DE LA ESPOSA (O) \_\_\_\_\_

DIRECCIÓN \_\_\_\_\_ APT. \_\_\_\_\_

CIUDAD \_\_\_\_\_ ESTADO \_\_\_\_\_ CÓDIGO POSTAL \_\_\_\_\_

PARROQUIA \_\_\_\_\_

CELULAR \_\_\_\_\_ EMAIL \_\_\_\_\_

TELÉFONO DE DÍA \_\_\_\_\_ MM / DD / AA DÍA DE NACIMIENTO OPCIONAL

FIRMA \_\_\_\_\_ FECHA \_\_\_\_\_

FECHA DE INICIO:  INMEDIATAMENTE  INDIQUE OTRO \_\_\_\_\_

FECHA QUE DEBE PAGAR SU COMPROMISO:  10 PAGOS MENSUALES  UN PAGO

PAGO(S) DEBERAN HACERSE CON:  CHEQUE  VISA  MASTERCARD

NÚMERO DE TARJETA DE CRÉDITO: \_\_\_\_\_ FECHA DE EXP. \_\_\_\_\_ MES

NOMBRE DEL TITULAR \_\_\_\_\_ AÑO

2014 PARA USO EXCLUSIVO DE LA OFICINA DEL LLAMADO

TOTAL DE LA PROMESA

CANTIDAD INCLUIDA

HAGA LOS CHEQUES O GIROS POSTALES PAGADEROS A CAMPAÑA ANUAL DEL OBISPO. PLACE IN ENVELOPE AND MAIL TO: BISHOP'S ANNUAL APPEAL PO Box 190507 DALLAS, TX 75219

# BISHOP'S ANNUAL APPEAL

## WHERE YOUR CONTRIBUTION GOES\*:

PRIESTS, DEACONS, AND SEMINARIANS	51%
PASTORAL MINISTRIES FOR YOUTH AND ADULTS	28%
CATHOLIC EDUCATION	9%
CATHOLIC CHARITIES AND EVANGELIZATION	12%

\*100% OF YOUR GIFT GOES TO THESE WORKS. YOUR GIFT WILL NOT BE USED FOR LEGAL JUDGMENTS, SETTLEMENTS, OR FEES. FINAL ALLOCATIONS SUBJECT TO BUDGET REVIEW.

### GIFT GIVING GUIDE

PLEASE CONSIDER MAKING A PLEDGE. PLEDGE MAY BE PAID IN 10 CONSECUTIVE PAYMENTS OR LESS.

SUGGESTED GIFT	TEN MONTHLY PAYMENTS OF:
\$5,000.00.....	\$500.00
\$2,500.00.....	\$250.00
\$2,000.00.....	\$200.00
\$1,500.00.....	\$150.00
\$1,250.00.....	\$125.00
\$1,000.00.....	\$100.00
\$500.00.....	\$50.00
\$250.00.....	\$25.00
\$200.00.....	\$20.00
\$150.00.....	\$15.00
\$130.00.....	\$13.00
\$100.00.....	\$10.00

### GIVING SOCIETIES

\$500 - \$999	CIRCLE OF FRIENDS
\$1,000 - \$1,499	CIRCLE OF STEWARDS
\$1,500 - \$2,499	CIRCLE OF ANGELS
\$2,500 - \$4,999	CIRCLE OF BENEFACTORS
\$5,000 - \$9,999	CIRCLE OF PATRONS
\$10,000 - \$24,999	CIRCLE OF TRUSTEES
\$25,000 OR MORE	BISHOP'S CIRCLE

PLEASE GIVE AS GENEROUSLY AS POSSIBLE. YOUR CONTRIBUTION TOUCHES THE LIVES OF MORE THAN 1,300,000 PEOPLE IN OUR PARISHES.

MR. & MRS.  
  MR.  
  MRS.  
  MS.  
  DR.

FIRST & LAST NAME \_\_\_\_\_

SPOUSE FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PARISH \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ BIRTHDAY OPTIONAL

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

START DATE:  
  IMMEDIATELY  
  INDICATE OTHER \_\_\_\_\_

PLEDGE BALANCE TO BE PAID:  
  10 MONTHLY PAYMENTS  
  ONE TIME

PAYMENT (S) TO BE MADE BY:  
  CHECK  
  VISA  
  MASTERCARD

CREDIT CARD NUMBER: \_\_\_\_\_

CARDHOLDER'S NAME \_\_\_\_\_

2014 APPEAL OFFICE USE ONLY

TOTAL PLEDGE	_____	_____
AMOUNT ENCLOSED	_____	_____

MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE BISHOP'S ANNUAL APPEAL. DETACH PLEDGE CARD, PLACE IN ENVELOPE AND SEAL.

EXP. DATE: \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR