

Thank you for supporting the Diocesan Development Fund (DDF). Please complete the information below and either:

- Drop the form and payment (if applicable) in your parish collection basket
- Mail the pledge form and payment (if applicable) to:

**DDF**  
**Diocese of Springfield-Cape Girardeau**  
**601 S. Jefferson Ave.**  
**Springfield, MO 65806**

**Diocese of Springfield-Cape Girardeau Development Fund (DDF)**

*Please print*

**In support of our shared parish and diocesan ministries, I/we .....**  **will pray for DDF success**

**will give the following**

<i>Title</i>	<i>Last</i>	<i>First</i>	<i>MI</i>	<i>Spouse's First</i>	<i>MI</i>
<i>Mailing address</i>			<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Parish</i>			<i>Parish City</i>	<i>Date</i>	

Total Gift \$ \_\_\_\_\_

Now Paying \$ \_\_\_\_\_

Balance Due \$ \_\_\_\_\_

**Signed** \_\_\_\_\_

Daytime Phone \_\_\_\_\_

- I would like information on how to remember my parish, Catholic school, or diocese in my estate plans.
- I have already included my parish, Catholic school, or diocese in my estate plans.

FOR PARISH USE  
(Place label here)

**Please make checks payable to:  
[Your parish name]-DDF**



**Please indicate when you would like to make payment(s) on your balance. Begin my/our payments (payments cannot begin until Aug. 1).** \_\_\_\_\_ Month/Day

- 1-time gift**       **3 payments (Aug.-Nov.-Feb.)**  
 **\_\_\_\_\_ Monthly payments (up to 10 months)**

- Payment Option 1: Mail me reminders.**  
 **Payment Option 2: Use Electronic Funds Transfer (EFT).**  
 (Complete Option 2 box on opposite side.)  
 **Payment Option 3: Charge my credit/debit card.**  
 (Complete Option 3 box on opposite side.)

**Option 2: Use Electronic Funds Transfer (EFT)**

*(Saves postage and paper for you and the diocese.)*

Please make electronic transfers as indicated on the opposite side of this card. Make this electronic transfer on the

*(check one):*     5th                       20th

*(check one):*     checking     savings account

**from the following financial institution:**

**Name:** \_\_\_\_\_

Please attach a VOIDED check from your checking account to be debited or a deposit slip from your savings account. **(Cannot be processed without the item and your signature below.)**

*I authorize the Roman Catholic Diocese of Springfield-Cape Girardeau to initiate automatic withdrawals from my (our) account as indicated above. I understand changes or revocations must be made in writing and will be implemented as quickly as possible.*

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

**Option 3: Charge my Credit/Debit Card**

Please charge my credit/debit card for the balance due as indicated on the opposite side of this card.

*(Cannot be processed without the following information)*

**Please charge my:**

Visa       Mastercard       Discover

**Credit card #:** *(Enter 16 digits with no spaces and no dashes.)*

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**Card expiration date:** Month \_\_\_\_\_ Year \_\_\_\_\_

**Name on card:** \_\_\_\_\_ *(Print)*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ *(Information held confidential)*

**If you desire to pay with securities contact your parish for details.**