

**My Gift to
CSA 2008**

Total Pledge \$ _____
Enclosed Payment \$ _____
(Please make this check payable to "name of your parish - CSA")
Balance \$ _____

Please bill me:

- One-time payment
- Quarterly (June, Sept, Dec 08 & Mar 09)
- Monthly (June 08 - Apr 09)
- Semi-Annually (June & Dec 08)

Please debit my:

- Checking
- Savings

Process this debit:

- One-time payment
- Monthly, on the 15th (June 08 - April 09)

Please charge my credit card:

- One-time payment
- Monthly, on the 10th (June 08 - Apr 09)

Your signature IS REQUIRED to authorize the Diocese to process your pledge, bill you, debit your account or charge your credit card.

Card# _____
Exp. Date ____/____/____
3-digit V-code _____

Donor Signature _____

Phone (____) _____

Date ____/____/____



**Diocese of Grand Rapids
Catholic Services Appeal 2008**

INSERT MEMBER NAME AND ADDRESS:

INSERT PARISH NAME AND ADDRESS:
