

<Parish Name>

\_\_\_\_\_  
First Name Last Name

\_\_\_\_\_  
Address Apartment/Unit #  New Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone E-Mail

- Please do not send reminders.
- Please do not send Acknowledgment/Thank You.
- Please do not send Tax Statements.
- This gift is anonymous.



<00000000-000-IM0917-0000>

Stewards of  
**HOPE**

WE ARE THE DIOCESE



- One-Time Gift (Paid in Full)
- Monthly Pledge (Monthly until 6/30/2018)
- Sustaining Monthly Gift (Indefinitely until further notice)

Please select one of the following amounts

- |                                |                                |                                |                                 |
|--------------------------------|--------------------------------|--------------------------------|---------------------------------|
| <input type="checkbox"/> \$250 | <input type="checkbox"/> \$175 | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$25   |
| <input type="checkbox"/> \$225 | <input type="checkbox"/> \$150 | <input type="checkbox"/> \$75  | <input type="checkbox"/> Other: |
| <input type="checkbox"/> \$200 | <input type="checkbox"/> \$125 | <input type="checkbox"/> \$50  | \$_____                         |

Total Amount Pledged \$\_\_\_\_\_ Total Amount Enclosed \$\_\_\_\_\_

Make check payable to Diocese of La Crosse

(Note: See reverse side for Electronic Fund Transfers (EFT) and Credit Card payments information. Gift of Securities, Stock or Grain, please call Finance Office 608-791-2668.)

**Sustaining Gift**, I authorize the Diocese of La Crosse to automatically withdraw from my checking account or debit my credit card account on the 15th of every month. Donations will continue **indefinitely** until notification to cancel is given to the Diocese of La Crosse.

**For Electronic Funds Transfer from a checking account, please enclose a voided check.**

**Credit Card:**    VISA    MASTERCARD    DISCOVER    AMERICAN EXPRESS

Card Number: \_\_\_\_\_

3-digit Security Code: \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_

Cardholder Name \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*By signing, I authorize the Diocese of La Crosse to debit/charge my account as listed above.*

*Thank you for  
your support*

**GIVE ONLINE**  
<https://diolc.org/donate-online/>