

<Parish Name> <Parish city>

First Name

Last Name

Address

Apartment/Unit #

☐ New Address

City

State

Zip

Telephone

E-Mail

- ☐ Please send me information about Planned Giving.
- ☐ Please do not send reminders.
- ☐ Please do not send Acknowledgment/Thank You.
- ☐ Please do not send Tax Statements.
- ☐ This gift is anonymous.



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- ☐ One-Time Gift (Commitment in Full)
- ☐ Monthly Commitment (Monthly until 6/30/2026)
- ☐ Guardian Angel Member Gift (Indefinite monthly withdrawal)

Please select one of the following amounts

- ☐ \$250 ☐ \$100 ☐ \$25
- ☐ \$200 ☐ \$75 ☐ Other: \$_____

Total Amount Commitment \$_____ Total Amount Enclosed \$_____

Please make checks payable to the Diocesan Annual Appeal.
Please do not send cash.

(Note: See reverse side for Electronic Fund Transfers (EFT) and Credit Card payments information. Gift of Securities, Stock or Grain, please call Stewardship and Development Office 608-791-2653 or visit our website diolc.org/stewardship.)



For questions and comments, contact Sarah at 608-791-2653 or skomperud@diolc.org

☐ Guardian Angel Member, 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**

diolc.org/donate-online