



Total Gift of \$ _____ Amount enclosed \$ _____ Balance \$ _____

Making a pledge? Balance to be paid 1 2 3 4 5 6 ___ months

Recurring Gift: I would like to make a recurring (monthly) gift in the amount of \$ _____

Giving Options: Credit Card Donor will send a monthly check EFT

I would like my gift to remain anonymous

Make checks payable to Diocese of Allentown. Check No: _____ (enclosed)

Donating with a credit card? Address below incorrect? If so, please complete reverse side.

Please direct my gift to the fund checked below:

- Bishop's Annual Appeal
- Endowment for the Care of Retired Priests
- Seminarian Fund

(All Donors) Please sign up to receive email communications.

Email _____

Any questions, please call 800.831.4443. To make a secure credit card donation, visit allentowndioocese.org/giving (if you make a donation online, do not return this card)
PLEASE RETURN THIS CARD TO YOUR PARISH OR MAIL IT TO THE DIOCESE OF ALLENTOWN, P.O. BOX F, ALLENTOWN, PA 18105-1538

Credit Card Information* VISA MasterCard Discover American Express

Donor's name as appears on Credit Card _____

Credit Card # _____ Exp. Date _____ Phone No. (required) _____

Credit Card Billing Address (if different) _____

*\$10 minimum payment on all credit card transactions. Payment will be processed on/or about the 20th of each month.

Please check here if you would like more information about:

- Legacy Society and planned giving options
- Using stock or other securities to make charitable gifts
- Matching gift companies

Name _____ Parish _____

Address _____ Parish Location _____

City _____ State _____ Zip _____

Phone _____ DOB _____ Email _____