



Advancing the Mission of the Congregation of Holy Cross

In support of the goals of the *Hope to Bring* Campaign for the Congregation of Holy Cross, U.S. Province of Priests and Brothers, I/we agree to a gift as follows:

Donor Information

Name _____ Home Phone _____
Spouse/Partner Name _____ Cell Phone _____
Address _____ Email _____
City, State, Zip _____

Pledge/Gift Information

I (we) pledge a total of \$_____ over five-years: Annually Semi-annually Quarterly Monthly

Payment will be made in the form of: Cash Check Credit Card Other

** Complete info below for recurring credit card or bank payments. **

I (we) gift a total of \$_____ to be paid now via: Cash Check Credit Card Other _____

Pledge/Gift Designation: Formation & Seminary Care of Elder Religious International Missions
 Greatest Need

Method of Payment

1. CHECK in the amount of \$_____ is enclosed. (Made payable to the Congregation of Holy Cross, U.S. Province)

2. CHARGE MY DEBIT/CREDIT CARD for a total of \$_____

Visa MasterCard Discover American Express

Card Number _____ Exp: ____/____ Security Code* _____

*The 3- or 4-digit number located on the back of card or on the front for AMEX.

Authorized Signature _____

3. RECURRING – Set up regular pledge payments using your debit/credit card or ACH (bank debit).

I (we) prefer to make equal payments on the balance per the following schedule:

\$_____ to be paid: Annually Semi-annually Quarterly Monthly

Signature(s): _____

Date: _____

Date: _____

**** Please contact the Office of Mission Advancement to learn more about the benefits of charitable giving with appreciated assets. ****