



I/we pledge \$ _____ to be paid over _____ months starting _____

Please remind me via the email listed below:

☐ Annually ☐ Semi-annually ☐ Quarterly ☐ Monthly, or as follows:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date: _____

E-mail: _____

It is my/our direction that this donation/pledge be restricted under Internal Revenue Service regulations for the capital improvements of Mary, Mother of God Parish.

\$ _____

Total Pledge

\$ _____

Payment

\$ _____

Balance



**Mary,
Mother of God
Parish**