

ENLIGHTENING MINDS ♥ ENRICHING SOULS ♥ INSPIRING HEARTS

*I/we wish to support the Sacred Heart Catholic Education Endowment Fund
with a gift as follows:*

Total Gift of \$ _____ Amount enclosed \$ _____

METHOD OF PAYMENT (See reverse for payment details and authorization)

Check Credit Card Payment Electronic Funds Transfer (EFT)

TERMS OF PLEDGE: One Year Two Years Three Years

I WOULD LIKE TO PAY: Annually Semi-Annually Quarterly Monthly (or credit card payments).

I will pay these months: Annually: _____ Semi-Annually: _____ Quarterly: _____

_____ Please send a reminder Yes No

I would like my gift to remain anonymous.

I would like my gift acknowledged as follows: _____

*ie: The Miller Family,
Mr. and Mrs. John Miller,
The Miller children, etc.*

Does your company match gifts? Yes Name of company _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

EMAIL ADDRESS _____

SIGNATURE _____ DATE _____

I have remembered Sacred Heart School in my estate plans.



Donations are tax-deductible as allowed by law.
Non-profit 501(c)3 - Federal Tax ID# 23-1547583.

Please see reverse side for payment detail and authorization.

PAYMENT BY ELECTRONIC FUNDS TRANSFER (EFT)

Electronic Funds Transfer automatically deducts your pledge from your Checking/Savings/Money Market account. Information must be completed to give electronically to the campaign.

I authorize Sacred Heart Parish to automatically withdraw my contributions from my: Checking Savings/Money Market.
Please withdraw \$ _____ on the _____ of each month.

This authority will begin _____ (month/year) and will end _____ (month/year).

I understand I can stop the electronic pledging by notifying my financial institution or Sacred Heart Parish.

Routing# _____ Checking Acct.# _____ Savings Acct.# _____

SIGNATURE for EFT Authorization _____ Date _____

PAYMENT BY CREDIT CARD

Credit Card (one time monthly) VISA Mastercard Discover American Express

Donor's name as appears on Credit Card _____

Your Daytime Phone No. (required) _____

Credit Card # _____ Security Code ___ Exp. Date _____

Please charge my credit card monthly for \$ _____ beginning _____ (month/year) and ending _____ (month/year).

SIGNATURE for Credit Card Authorization _____ Date _____

Credit Card Billing Address (if different)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PAYMENT BY CHECK

Make checks payable to **Sacred Heart Catholic Education Endowment Fund.**

Send to: **Sacred Heart Parish, PO Box 6217, Reading, PA 19610-0217**

Check Number: _____ Enclosed

