



For secure online giving, visit
www.vermontcatholic.org/giveonline

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Parish _____

Please Prayerfully consider your gift.

Total Gift Amount

(Full Pledge amount or one time amount)

\$ _____

Amount Enclosed

\$ _____

Address Change – Complete Reverse

*You will receive email reminder
statements unless paper is indicated.*

Direct Debit – Complete Reverse
Preferred Method – No Fees

Credit Card – Complete Reverse

Paper Statements

eMail Address _____ Cell Phone _____

DIRECT DEBIT (Preferred Method - No Fees)



I authorize the withdrawal of:

- \$ _____ on the 1st or 15th of each month as a **sustaining donor**.*
- \$ _____ on the 1st or 15th of each month for **10 months**.

Signature _____

CREDIT CARD



Please charge my card:

- \$ _____ each month as a **sustaining donor**.*
- \$ _____ each month for **10 months**.
- \$ _____ **one time only**.

Name on card _____

Signature _____

Card # _____ Exp. Date _____

*Sustaining gift recurs monthly, automatically renewing each year, unless you cancel it.

CHANGE OR UPDATE INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Parish _____

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To make a gift of
STOCK,
please call
802.846.5837

For information about
PLANNED GIVING, visit
vermontcatholic.org
or call
802.846.5837