



Forming **SPiritual
ENTREPRENEURS**
STEWARDED BY THE CATHOLIC FOUNDATION

DONOR INFORMATION

Donor name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone number: _____

CONTRIBUTION INFORMATION

I / We plan to contribute in the form of:

☐ Check[†] ☐ Electronic Fund Transfer

☐ Credit Card* ☐ Stock Transfer

☐ IRA or RMD ☐ Donor Advised Fund

☐ Other _____

PLEDGE INFORMATION

I / We commit \$ _____ to the Spiritual Entrepreneurs Fund for Evangelization and Vocations.

This commitment is payable beginning in _____ (month) _____ (year) and will be paid over _____ (years).

Payments will be invoiced *(Please check one)*: ☐ One-time gift ☐ Monthly ☐ Quarterly ☐ Annually

Credit Card Payment*: ☐ Online ☐ Phone *(Please contact Molly Mackessy at 614-443-8893 ext. 114)* ☐ Form

Credit Card: ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

CC#: _____ Expiration: _____ CVV: _____

Name as it appears on the card: _____

Signature: _____ Date: _____

RECOGNITION INFORMATION

Please recognize my gift in the following way: _____
(Print your name(s) as you wish it to appear in donor listings and TCF publications)

☐ This gift is to be anonymous *(If not checked your name will be listed as written above)*

☐ This gift is in honor/memory of: _____ This gift will be matched by: _____

Pledge Signature: _____

Print Name: _____ Date: _____

[†] Please make all checks payable to The Catholic Foundation and include "campaign" in the memo.

*For questions, please contact Molly Mackessy at 614-443-8893 ext. 114 or mmackessy@catholic-foundation.org