

Please return this envelope to your parish or place in collection



1201 Hughitt Avenue
P.O. Box 969
Superior, Wisconsin 54880

Thank You
for your
additional
gift of
postage

Credit Card Authorization

Credit card type: _____

Card Number

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Expiration Date

--	--	--	--	--

Signature _____

You may charge my credit card \$ _____
per month for 12 months
to fulfill the pledge balance of \$ _____

Electronic Fund Transfer Authorization

You may debit \$ _____ on the 1st of the month from
account # _____ for 12 months
to fulfill the pledge balance of \$ _____

Bank Name: _____
Signature Bank Phone: _____

****Please also include a voided check for our records.***
*If you, at any time, would like to discontinue Electronic Fund Transfer
please contact the Stewardship and Development at 715/392-2937*

*Please check with your employer to see if they
have a matching gift program.*

Thank you for your generous gift and may God bless you and your family!

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Parish: _____ E-mail: _____

Phone: _____

After prayerful consideration, I/we have
decided to support the Diocese through
the Bishop's Appeal.



TOTAL AMOUNT PLEDGED

\$

ENCLOSED PMT.

\$

We appreciate gifts of any size. Thank you and God bless!
Visit www.catholicdos.org to give online.

DIOCESAN SERVICES APPEAL

I/We Choose To Pay My Gift By

- Automatically debit my checking account each month
(please complete EFT authorization on reverse side)
- Automatically charge my credit card each month
(complete credit card authorization on reverse side)
- Check (enclosed)
(Please do not send cash)
- Pledge gift of 9, 6, 3 or 2 monthly payments
(Please circle one).

Make check payable to: Diocesan Services Appeal