



Catholic Charities Annual Appeal 2008

*"As you do for others,
you do for Christ."*

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Parish _____

E-mail Address _____

Have you moved or changed parishes in the last year?
_____ Yes _____ No

Does Catholic Charities have permission to publish
your name as a donor? _____ Yes _____ No

Annual sacrificial gift: \$ _____

Amount paying today
___ Check ___ Cash \$ _____

Balance: \$ _____

I will pay my balance by August 2009 in the following
way:

- _____ 10 payments (Nov. 2008 - August 2009)
- _____ Quarterly (4 payments)
- _____ Semi-Quarterly (2 payments)
- _____ Credit Card *
- _____ Electronic Funds Transfer *

Signature _____

Date: _____

* See reverse side of detachable pledge card for credit
card payment or electronic funds transfer. Make
checks payable to "Catholic Charities Appeal."

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**FOR CREDIT CARD PAYMENT
(ONE-TIME PAYMENT ONLY)**

MASTERCARD  OR VISA 

Contribution \$ _____

Name as it appears on card

Expiration Date: ____ / ____

Signature required

=====
**FOR ELECTRONIC FUNDS TRANSFER
(NEW FORM MUST BE SUBMITTED YEARLY)**

Total Pledge \$ _____

For monthly EFT transfer + 10
(10 monthly payments beginning Nov. 2008)

**AUTHORIZATION AGREEMENT FOR DIRECT
PAYMENTS TO CATHOLIC CHARITIES
OF THE ARCHDIOCESE OF OKLAHOMA CITY**

I (we) hereby authorize Catholic Charities to initiate debit
entries to my (our) checking account indicated below and
the financial institution named below, hereinafter called
FINANCIAL INSTITUTION, to debit same to such ac-
count.

Name of Financial Institution

City _____ State _____

**IMPORTANT:
VOIDED CHECK
MUST BE ATTACHED TO PROCESS
(NO DEPOSIT SLIPS)**

If your account information changes in any way (card expires,
card lost, etc.), please notify Catholic Charities **in writing** as
soon as possible.

Print Name: _____

Signature Required

Please enclose in an envelope and mail to:

Catholic Charities Annual Appeal 2008-09
1501 N Classen Blvd
Oklahoma City, OK 73106-6699