



A CAMPUS CONNECTING GENERATIONS

First Name

Last Name

Address

City

State

Zip

Primary Phone

Cell

Home

Email

I/WE WISH TO SUPPORT A CAMPUS CONNECTING
GENERATIONS WITH A THREE-YEAR PLEDGE AS FOLLOWS

Total Gift

\$

Initial Gift

\$

Payable:

Monthly

Quarterly

Annually

Other: _____

Pledge period starts

/

/

Method of Payment:

Check payable to Church of the Assumption

Auto Debit (EFT) (*Please see reverse*)

Credit Card (*Please see reverse*)

Other (*ie, stock, land, etc.*)

Donations can also be made securely via the parish website at
www.assumptions.org.

A CAMPUS CONNECTING GENERATIONS

AUTO DEBIT (EFT)

Name of Financial Institution

Address of Financial Institution

City

State

Zip

Name on Account

Routing Number

Accounting Number

Checking Account
attach a voided check

OR

Savings Account
attach a savings deposit slip

CREDIT CARD

Visa

Mastercard

AMEX

Discover

Account Number

Expiration Date

CCV

Name of Cardholder

Billing Address

City

State

Zip

ACKNOWLEDGMENT

I authorize Church of Assumption to process credit or debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Signature

Date

Please keep my name anonymous