



Pledge Form

Name: _____
(Please Print)

Address: _____
(Please Print)

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

I/We are pleased to provide a pledge/gift as follows:

TOTAL Amount of Pledge/Gift	\$ _____
Initial Payment	\$ _____
Balance of	\$ _____

I/We intend to pay the balance as follows:

5 Annual Payments of	\$ _____
10 Semi-Annual Payments of	\$ _____
20 Quarterly Payments of	\$ _____
60 Monthly Payments of	\$ _____

I/We prefer to fulfill our pledge as follows:

Payment Start Date: _____

Signature: _____

Please make Checks Payable to: **Resurrection Catholic Parish Building Fund**

Please print Memorial Designation:

This letter of intent is not a legal document.
This pledge and any subsequent payments may be amended.
All gifts are tax-deductible.