

# Letter of Intent

**Dear Father Pat:**

**In support of Notre Dame Parish, I/we intend to contribute the sum of**

**\$ \_\_\_\_\_ to the "Caring for Our Parish, Caring for One Another" campaign.**

## My/Our investment will be made as follows:

MONTHLY

Start Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Over the Course of: \_\_\_\_ years

QUARTERLY

Start Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Over the Course of: \_\_\_\_ years

ANNUALLY

Start Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Over the Course of: \_\_\_\_ years

ONE-TIME GIFT

Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

**I/We will also increase my/our Sunday offertory gift by \$ \_\_\_\_\_ per \_\_\_\_\_**

## Payment Options

We will make our investment by check.

We will make our payments through automatic withdrawal.

I authorize the Parish to withdraw automatically the amount indicated from the bank or credit account checked below:

**Bank Account** - attach a voided check to this form

**Credit/Debit Card** Visa MasterCard Discover

Card # \_\_\_\_\_

Expiration \_\_\_\_\_ CVC# \_\_\_\_\_

(Monthly and quarterly pledge offerings will be withdrawn on the 15<sup>th</sup> of the month. Please notify the Parish Office one week prior if you need to make a change.)

**Please indicate if you plan to have your gift matched by you or your spouse's employer**

Potential Matching Gift Amount: \$ \_\_\_\_\_ Matching Gift Company: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Print Name(s) as you would like to be acknowledged:**

Name: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please download this form, complete it, then after saving, email to Colleen Barrett at [cbarrett@notredameparish.org](mailto:cbarrett@notredameparish.org).