

"Changing the Face of Saint Raphael Parish
from Generation to Generation"

Campaign Contribution Form

To provide our share in meeting the needs of the campaign, I/we hereby contribute as follows:

Amount of Pledge \$ _____

Down Payment \$ _____ *Check Enclosed*

Balance \$ _____

Please make your check payable to: Saint Raphael Capital Campaign

I/we wish to pay the balance:

Schedule:

- Monthly
- Quarterly
- Semi annually
- Annually
- Other

Over:

- One year
- Two years
- Three years
- Other

Special Considerations:

**Transfer of securities
or from I.R.A.**
(You will be contacted
regarding the procedure
for transferring funds)

Matching Gift
(Please attach the
appropriate form from
your employer)

Other

In honor of _____ **In memory of** _____

Note: _____

NAME: _____

ADDRESS: _____

PHONE: _____

SIGNATURE: _____

DATE: _____