Beyond Sunday
Education | Faith | Community

Beyond Sunday Commitment Form

I/We join Archbishop Carlson in support of *Beyond Sunday.*

Name:_____
Address:_____
City, State, Zip:_____
Phone:_____
Parish:_____

I/We Pledge:	$ _____
Initial Payment Included:	$ _____
Balance:	$ _____
Payable over:	☐ **3 Years** (3)
	☐ **5 Years** (5)

Pledge Fulfillment

A. I/We prefer to fulfill this pledge via:
- ☐ Direct Debit (1) - From Checking/Savings account. Please provide payment authorization.
- ☐ Credit Card (2) - Please provide payment authorization.
- ☐ Stock (3) - Please contact the Roman Catholic Foundation at 314.918.2890 for details.
- ☐ Bill me (4) - Please make checks payable to: ***Roman Catholic Foundation/Beyond Sunday***

B. I/We wish to make payments:
- ☐ Monthly (1)
- ☐ Quarterly (2) *(March, June, September, December)*
- ☐ Semi-Annually (3) *(June, December)*
- ☐ Annually (4) *(December)*

C. I/We prefer to have pledge reminders sent via:
- ☐ Email (1) _____ ***(Reduces costs and helps the environment!)***
- ☐ U.S. Mail (2)

D.
- ☐ Please contact me to discuss planned giving opportunities.
- ☐ Yes, I/We would like to participate in my employer's matching gift program. Company: _____

Payment Authorization

Please completely fill out the appropriate section below to ensure proper authorization.
All transactions will be processed on the 20th day of each month, beginning 1-4 weeks after pledge date.

Direct Debit from Checking/Savings Account

I authorize The Roman Catholic Foundation of Eastern Missouri to deduct from my checking/savings account:
I wish to begin payments on ____ /____ /_____(MM/DD/YYYY)
☐ Checking (1) OR ☐ Savings (2)
Bank Name _____
Routing # _____
Account # _____
Please attach a blank, voided check.

Credit Card

I authorize The Roman Catholic Foundation of Eastern Missouri to charge my credit card:
I wish to begin payments on ____ /____ /_____(MM/DD/YYYY)
☐ Visa (2) ☐ Discover (3)
☐ MasterCard (4) ☐ American Express (5)
Name on Credit Card _____
Card # _____
Expiration Date _____ / _____ CVV _____
Phone Number _____

SIGNATURE _____ **DATE** _____

A small portion of campaign proceeds will be used to offset campaign expenses.