



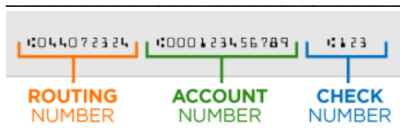
**Commitment Form: Capital Campaign**

*Open Hearts, Open Doors: A New Home for Catholic Charities of Central and Northern Missouri*

**PERSONAL GIVING**

I personally pledge \$ \_\_\_\_\_ (may be over three years) to Catholic Charities of Central and Northern Missouri to support the renovation of the new home of Catholic Charities. **Beginning on start date of** \_\_\_\_\_.

- One-time                       Monthly \$ \_\_\_\_\_:  1<sup>st</sup> of the month  15<sup>th</sup> of the month  
 Quarterly \$ \_\_\_\_\_  Yearly \$ \_\_\_\_\_

Checking/ Savings	Please debit payment from my (check one): <input type="checkbox"/> Savings Account <input type="checkbox"/> Checking Account (contact your financial institution for Routing #)                      (staple a voided check)  I authorize <b>Catholic Charities of Central and Northern Missouri</b> to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.  Authorized Signature: _____	Routing Number: _____ <i>(Valid # starts with 0, 1, 2, or 3)</i>  Account Number: _____   Date: _____
Credit/ Debit Card	Please charge my payment to (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express  Cardholder name: _____ Card number: _____ - _____ - _____ - _____ Expiration: _____ / _____ CSC: _____  I authorize <b>Catholic Charities of Central and Northern Missouri</b> to charge my credit card in accordance with the information above.  Signature (as on the card): _____	Billing Address: _____ _____ _____ <i>City                      State                      Zip Code</i>  Phone: _____ (____) _____  Date: _____

**GIFT DETAILS (OPTIONAL)**

- For recognition purposes, please note this gift is anonymous.  
 Tribute Gift (optional; you may check one)  
      This gift is in memory of \_\_\_\_\_  
      This gift is in honor of \_\_\_\_\_  
 Please send acknowledgement of this tribute gift to:

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

Signature

Date

THANK YOU! Your gift supports our neighbors in need, and improves their lives for long-term change.  
**Please return this form to:** Catholic Charities of Central and Northern Missouri, Attn: Cristal Backer  
 PO Box 104626 Jefferson City, MO 65110 | 573-635-7719 | info@ccnmo.org