



**SOUTH JERSEY
CATHOLIC
MINISTRIES
APPEAL**

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____

Email _____

Parish _____

Parish Use Only

Affix Label Here or:

New Donor is a:

Member

Visitor

KIVA 2023

Yes! I would like to support the South Jersey Catholic Ministries Appeal with a: *(Please check all that apply)*

One Time Gift of: _____ By: Check Credit Card

A Pledge with Installments (details below)

or see other side for my selection

Pledge Information if Applicable

Total Pledged Gift: _____ # of Monthly Installments: _____

I have included the first installment by check today:

Check Number: _____ Check Date: _____

*Please use a number of installments that **conclude by March of next year**
Please make checks payable to **"South Jersey Catholic Ministries Appeal"***

Credit Card information for One-Time Gift or Installment Payments:

VISA MasterCard AmEx Discover

Name on Card: _____

Card Number: _____

Expiration Date: _____ CSV Code: _____

Parish Office, please call me for the above information.

I have already made my gift:

Through my workplace giving program. Directly to the Pastor

I am not able to make a pledge at this time

Signed: _____ Date: _____