



# Our Faith. Our Hope. Our Mission.

## 2019 ANNUAL APPEAL

ARCHDIOCESE OF WASHINGTON

P.O. Box 29260 • Washington, DC 20017-0260 • (301) 853-4575

appeal.adw.org • #AnnualAppeal

Please contribute to the Annual Appeal today by completing this form and returning it to:

### Archdiocese of Washington

P.O. Box 29260, Washington, DC 20017-0260

or by email to:

development@adw.org

Please check one:  Mr. and Mrs.  Mr.  Mrs.  Ms.  \_\_\_\_\_

First Name Last Name Suffix

Spouse Name

Address Apt/Unit #

City State Zip

Parish Name and City

( ) ( )  
Primary Phone ( home  work  cell) Secondary Phone ( home  work  cell)

Email

### ANNUAL APPEAL 2019 PLEDGE

Suggested Pledge	10 Monthly Payments	Suggested Pledge	10 Monthly Payments
<b>Circle of Love</b>		<b>Circle of Hope</b>	
<input type="checkbox"/> \$25,000. <sup>00</sup> ..... \$2,500. <sup>00</sup>		<input type="checkbox"/> \$1,000. <sup>00</sup> ..... \$100. <sup>00</sup>	
<b>Circle of Peace</b>		<b>Circle of Faith</b>	
<input type="checkbox"/> \$10,000. <sup>00</sup> ..... \$1,000. <sup>00</sup>		<input type="checkbox"/> \$ 750. <sup>00</sup> ..... \$ 75. <sup>00</sup>	
<b>Circle of Unity</b>		<b>Other Gift Levels</b>	
<input type="checkbox"/> \$ 5,000. <sup>00</sup> ..... \$ 500. <sup>00</sup>		<input type="checkbox"/> Other:..... \$ _____	
<b>Circle of Charity</b>		<input type="checkbox"/> \$ 600. <sup>00</sup> ..... \$ 60. <sup>00</sup>	
<input type="checkbox"/> \$ 2,500. <sup>00</sup> ..... \$ 250. <sup>00</sup>		<input type="checkbox"/> \$ 450. <sup>00</sup> ..... \$ 45. <sup>00</sup>	
<b>Circle of Mission</b>		<input type="checkbox"/> \$ 300. <sup>00</sup> ..... \$ 30. <sup>00</sup>	
<input type="checkbox"/> \$ 1,500. <sup>00</sup> ..... \$ 150. <sup>00</sup>		<input type="checkbox"/> \$ 150. <sup>00</sup> ..... \$ 15. <sup>00</sup>	
		<input type="checkbox"/> \$ 100. <sup>00</sup> ..... \$ 10. <sup>00</sup>	

Total Amount Pledged \$ \_\_\_\_\_

Amount Enclosed \$ \_\_\_\_\_

Balance to be Paid \$ \_\_\_\_\_

*Please make your check payable to Annual Appeal.*

### CREDIT CARD

Please choose from one of the two following options:

- Please charge my entire pledge as a one-time gift now or
- Please charge my pledge balance in equal monthly installments

Beginning on \_\_\_\_\_ for a total of \_\_\_\_\_ months.  
(Month) (Ending by 12/31/19)

To my:  Visa  Mastercard  Amex  Discover

Card No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_

### DIRECT DEBIT

Please choose from one of the two following options:

- Please debit my entire pledge as a one-time gift now or
- Please charge my pledge balance in equal monthly installments

Beginning on \_\_\_\_\_ for a total of \_\_\_\_\_ months.  
(Month) (Ending by 12/31/19)

Name(s) on Account: \_\_\_\_\_

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

Routing No.: \_\_\_\_\_

Account No.: \_\_\_\_\_

Signature: \_\_\_\_\_