

Name:

Envelope #

For July 1, 2008 – June 30, 2009 my family pledges to contribute to Our Lady of Angels the following amount:

Operating Fund \$\_\_\_\_\_ Weekly/Monthly

Capital Fund \$\_\_\_\_\_ Weekly/Monthly

Total \$\_\_\_\_\_ Weekly/Monthly

One-time contribution: \$\_\_\_\_\_ (Enclosed or estimated payment date\_\_\_\_\_)

If you are interested in making contributions via account debit, please contact Karen Collom, Business Manager, at 469-467-9669.

Credit Card payment (VISA, Mastercard, Discover, American Express):

Credit Card# \_\_\_\_\_

Exp Date \_\_\_\_/\_\_\_\_

Monthly Amount \$\_\_\_\_\_

One-time contribution:\_\_\_\_\_

Signature\_\_\_\_\_