



GROWING IN COMMUNITY

CAMPAIGN FOR THE CAPUCHIN FRIARS
OF THE ST. JOSEPH PROVINCE

DONOR INFORMATION

(Complete information below)

Name: _____

Address: _____

City, State ZIP: _____

Home Phone: _____

Cell (1): _____

Cell (2): _____

Email (1): _____

Email (2): _____

CAMPAIGN PLEDGE

● Yes, I/we will pledge to the Province's *Growing in Community* Campaign. *(pledges are payable over a three-year period.)*

Pledge Amount: _____

Initial Payment: _____
(Please consider giving 10-20% initially)

Pledge Balance: _____

● My gift will be matched by my company:

TIMING OF GIFT

I/We intend to pay the balance as follows:

● Monthly ● Quarterly ● Semiannually ● Annually

Date of first payment: _____

METHOD OF PAYMENT

● Cash/check *(make payable to Capuchin Franciscan Province of St. Joseph)*

● Credit Card *(see below)*

● Automatic Withdrawal *(see below)*

● Stock*

● Life Insurance*

● IRA Disbursement*

● Other**: _____

For your security, all credit card and automatic withdrawal payments must be set up at the campaign website: www.thecapuchins.org

SIGNATURE

Signature: _____ Date: _____

Please type name.

Thank You!

Please print your name as you would like it to appear in any campaign recognition materials:

● I/We would like our gift to remain anonymous.

Please direct questions to

Kristi Hassouna,

Development Director

(313) 939-2002

khassouna@thecapuchins.org



SUBMIT