



St. Michael Catholic Church

05480 Moser Rd

Defiance, Ohio 43512

Phone: 419 497 2161 (Fax: 419 497 2058)

New Parish Center Pledge Form

In support of the St Michael's Ridge Parish Center, I/we hereby pledge a total gift of \$_____.

I/We wish to make payments as follows (*Diocese requires all pledges to be collected in a 3 year time frame*):

- | | | | | |
|-------------------------------------|----------|---------------|---------------|----------------------|
| | | | | Total Pledge: |
| <input type="checkbox"/> Monthly | \$ _____ | x 12 Payments | x _____ Years | = \$ _____ |
| <input type="checkbox"/> Quarterly | \$ _____ | x 4 Payments | x _____ Years | = \$ _____ |
| <input type="checkbox"/> Semiannual | \$ _____ | x 2 Payments | x _____ Years | = \$ _____ |
| <input type="checkbox"/> Annually | \$ _____ | x 1 Payment | x _____ Years | = \$ _____ |

Beginning _____, (_____)
Month Year

- ✓ Make checks payable to: St. Michael Catholic Church (put in memo "Parish Center Fund")
- ✓ Pledges may be mailed/given to Fr. Bob Kill, Kent Beilharz, or dropped in the weekly collection (Please separate pledge funds from weekly collection envelope).

I/We would like to include our first payment with this pledge form.

I authorize St. Michael's Parish to withdrawal my pledge at the frequency indicated above via Automatic Banking Deduction (*Please complete reverse side of document to verify automatic deduction approval*)

Signed _____ Date: _____

Printed: _____

Signed _____ Date: _____

Printed: _____

Thank you for supporting the St. Michael's The Ridge Parish Center Campaign. Your donation will continue to provide Faith in Our Future. God Bless!



Automatic Deduction Request

To: St. Michael's The Ridge Catholic Church Parish Center Fund

I would like to use the automatic deduction method of giving to the Parish Center Fund. I understand this agreement will allow St. Michael's The Ridge to secure the following amount for the indicated time frame from my checking/savings account:

Type of account: _____
(checking/savings)

Bank Acct No. _____

Routing No. _____

Please deduct \$ _____ monthly (on or about the 1st of the month)
(amount)

Beginning _____ and ending _____ .
(month/day/year) (month/day/year)

Name: _____

Address: _____

City, State, Zip: _____
(Please Print)

In the event of an error, I give St. Michael's The Ridge Church permission to debit or credit my account for the amount needed to correct the error.

Signature

Date