

Please make your check payable to / Por favor remitan cheques a nombre de:

SAINT ANTHONY CAPITAL CAMPAIGN

Name / Nombre: _____

Address / Dirección: _____

City, State, Zip / Ciudad, Estado, Código Postal: _____

Phone # / # de Teléfono: _____

Envelope # / # de Sobre: _____

I / We pledge to the campaign as follows:
Mi / Nuestra promesa para esta campaña es:

\$ _____
Total Pledge/Promesa

\$ _____
Down Payment/Depósito

\$ _____
Balance Due/Saldo

Signature/Firma _____

I / We prefer to pay the balance:
Yo / Nosotros preferimos pagar el saldo:

- Monthly/Mensual
 Quarterly/Trimestral
 Semi-Annually/Semi-Anual
 Annually/Anual

Over a period of / Durante un período de:

- 1 year/1 año
 2 years/2 años
 3 years/3 años
 Other/Otro: _____

Office Use Only	<input type="checkbox"/> Cash	<input type="checkbox"/> Credit / Debit	<input type="checkbox"/> Check #
Date	Payment	Auditor	

Total Pledge/Promesa Total	10% Down Payment/10% Pago Inicial	3 Annual Payments/3 Pagos Anuales	6 Semi-annual Payments/6 Pagos Semi-anales	12 Quarterly Payments/12 Pagos Trimestrales	36 Monthly Payments/36 Pagos Mensuales	Daily Sacrificio/Diario
\$1,000,000	\$100,000	\$300,000	\$150,000	\$75,000	\$25,000	\$821.92
\$500,000	\$50,000	\$150,000	\$75,000	\$37,500	\$12,500	\$410.96
\$250,000	\$25,000	\$75,000	\$37,500	\$18,750	\$6,250	\$205.48
\$100,000	\$10,000	\$30,000	\$15,000	\$7,500	\$2,500	\$82.19
\$50,000	\$5,000	\$15,000	\$7,500	\$3,750	\$1,250	\$41.10
\$25,000	\$2,500	\$7,500	\$3,750	\$1,875	\$625	\$20.55
\$20,000	\$2,000	\$6,000	\$3,000	\$1,500	\$500	\$16.44
\$15,000	\$1,500	\$4,500	\$2,250	\$1,125	\$375	\$12.33
\$10,000	\$1,000	\$3,000	\$1,500	\$750	\$250	\$8.22
\$8,000	\$800	\$2,400	\$1,200	\$600	\$200	\$6.58
\$6,000	\$600	\$1,800	\$900	\$450	\$150	\$4.93
\$5,000	\$500	\$1,500	\$750	\$375	\$125	\$4.11
\$4,000	\$400	\$1,200	\$600	\$300	\$100	\$3.29

CREDIT CARD • TARJETA DE CRÉDITO

Please charge my credit card as follows: / Si usted desea hacer sus pagos de forma automatica, favor de llenar el siguiente formulario:

Acct. #: / # de cuenta: _____ Exp.Date: / Fecha de expiración: _____

Signature: / Firma: _____ Visa MC
 AmEx Discover

Please contact me with information regarding the following: / Favor de comunicarme la siguiente información:

- Gifts of Stock / Donaciones de Valor Bursátil
 Gifts of Life Insurance / Donaciones de Seguro de Vida
 Gifts of Property / Donaciones de Bienes Raices
 Matching Gifts / Igualando Donativos
 Including parish in my will / Incluir la parroquia en mi testamento
 Other / Otro: _____

MEMORIAL INFORMATION • INFORMACIÓN DE RECUERDO MEMORIAL:

Memorial Gift Plan / Plan de Recuerdo Memorial: _____

In Memory of / En Memoria de: _____