

## Growing In Christ! Commitment Form I/We join in support of **Queen of All Saints Growing In Christ!** I/We Pledge: \$ Initial Payment Included: \$ Balance: \$ Payable over: □ 3 Years □ 5 Years Pledge Commitment A. I/We prefer to pledge via (choose one): □ Direct Debit - From Checking/Savings account. Please provide payment authorization . □ Credit Card - Please provide payment authorization. ☐ Stock - Please contact the Roman Catholic Foundation at 314.918.2890 for details. ☐ Bill me - Please make checks payable to: RCF/Growing In Christ! B. I/We wish to make payments (choose one): ☐ Semi-Annually (June, Dec) □Annually (Dec) □ Quarterly (Mar, Jun, Sep, Dec) □Monthly C. I/We prefer to have pledge reminders sent via (choose one): ☐ Email (1) (Reduces costs and helps the environment!) □ U.S. Mail (2) D. □ Please contact me to discuss planned giving opportunities. ☐ Yes, I/We would like to participate in my employer's matching gift program. Company: Payment Fulfillment Please completely fill out the appropriate section below to ensure proper authorization. All transactions will be processed on the 20th day of each month, beginning 1-4 weeks after pledge date. Direct Debit from Checking/Savings Account

## Tauthorize The Roman Catholic Foundation of Eastern Missouri to deduct from my checking/savings account: I wish to begin payments on \_\_\_/\_\_\_/\_\_\_(MM/DD/YY) □ Checking OR □ Savings Routing # \_\_\_\_\_ Bank Name \_\_\_\_\_ Account # \_\_\_\_\_

Credit Card	
I authorize The Roman Catholic Foundation of Missouri to charge my credit card:	of Eastern
I wish to begin payments on// □ Visa □ Discover □ MasterCard □ American Express Name on Credit Card	(MM/DD/YY)
Card # CVV	_
Expiration Date/ CVV Phone Number	

SIGNATURE	DATE	