



HONORING OUR PAST,
PRESERVING OUR FUTURE

The Campaign for
Our Lady of
Perpetual Help

CONFIDENTIAL PLEDGE FORM

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work or Cell Phone _____

E-mail address _____

To support the priorities of the Capital Campaign, to further the mission of our Catholic faith in Howard County, and to give glory to God, I (we) pledge a total gift of \$_____ which includes a prior pledge of \$_____.

I (we) prefer the following payment schedule on the remaining balance (please check one):

annually semi-annually quarterly monthly

to be paid over the next 1 2 3 4 5 years.

When to begin payment/other special payment instructions:

I (we) have enclosed an initial contribution of \$_____.

My employer will match my gift.

Employer's Name : _____

Address: _____

Match Amount: \$_____.

Please list my (our) name(s) in all Reports as follows:

I (We) wish to remain anonymous.

Signed: _____ Date: _____

THANK YOU!