



I (We) choose to join with others to enable Saint Michael Catholic Church to fulfill its mission of Christian service through the construction of expanded facilities.

My (Our) pledge is (please check one of the following boxes):

Total Pledge

- \$200 a month for the next six months; \$1300 additional pledge over a three year period. **(\$2500)**
- \$400 a month for the next six months; \$2600 additional pledge over a three year period. **(\$5000)**
- \$600 a month for the next six months; \$3900 additional pledge over a three year period. **(\$7500)**
- \$____ a month for the next six months; \$____ additional pledge over a 1 – 5 year period. **(\$____)**

Enclosed is our check:

We would like to use autodraft (please see reverse side)

Gift of Real Estate

Our commitment to the project will be a gift of real estate located at _____

_____.

We understand that the Diocese must approve this contribution.

We understand that the value of this contribution must be determined by independent appraisal; however, we believe the net value to be \$_____.

Naming Request

Please contact me about naming opportunities and memorial gifts.

Signature: _____

Print Name: _____ E-mail Address: _____

Address: _____ Phone: _____

Please return to church office, Attention: Building Fund

Autodraft Authorization:

I am already using autodraft to make donations to the building fund. Please adjust my autodraft to \$_____ monthly Circle one: 2nd or 17th of each month

semi-monthly (2x a month)

I would like the changes to take effect in _____, 201__.

I would like to start using autodraft for the building fund. I understand that the bank account I designate will be drafted in the amount of \$_____

monthly Circle one: 2nd or 17th of each month

semi-monthly (2x a month)

I would like the first autodraft to begin in _____, 201__.

This authorization is to remain in full force and effect until St. Michael has received written notification from me (or either of us) of its termination (or modification) in such time and in such a manner as to afford St. Michael and the depository a reasonable time to act on it.

Name: _____ Family Number: _____

Signature: _____

Bank: _____

Routing (ABA) Number: _____
(9 digit number on bottom left corner of a check)

Account Number: _____
(2nd group of digits on the bottom of a check)

Please attach a voided check to this form if designating a checking account.

St. Michael the Archangel Catholic Church
4491 Springfield Road · Glen Allen, Virginia 23060
804.527.1037

Please contact us at Traditions@saint-mikes.org
And keep updated through our "Growing our Traditions" page at www.saint-mikes.org