



CAPITAL CAMPAIGN GIFT FORM

I/We wish to further the impact of Catholic education in northern Michigan by supporting the Our Faith, Our Future, Our Time capital campaign.

I/We hereby pledge and make a gift(s) to the campaign as follows:

You may also make your gift online at www.gtacs.org/giving.

FINANCIAL

Pledge/gift amount

Initial payment (included)

Balance to be paid in installments

Payable over Three (3) Years
 Five (5) years
 Other _____

Payment plan Monthly
 Quarterly
 Annually
 Other _____

Method Cash/check*
 EFT/auto pay
 Credit card†

* Please make checks payable to GTACS

Billing to begin in (month) _____

CREDIT CARD INFORMATION

† Name on Card

Billing Address (if different than donor)

Credit Card Number

Expiration Date

Signature

Capital Campaign Gift Form 11_2016

PRAYER

Yes, I am interested in becoming a member of your campaign prayer team; please contact me.

VOLUNTEER

Yes, I am interested in volunteering for the campaign; please contact me.

OTHER

I/We are interested in making a planned or estate gift
 I/We would like to coordinate a family legacy gift

Preferences

I/We are interested in naming opportunities that may exist at this level
 I/We have a gift other than cash (securities, real estate, etc.)
 My/Our gift may be eligible for a matching donation
 I/We would like to remain anonymous; please do not publish name(s)

 I/We would like to receive periodic updates on the Campaign's progress
 ___ By mail
 ___ By email

Donor Information

Name(s)

Address

City/State/Zip

Phone(s)

Email(s)

Signature

Date