

Signature _____
Date _____

Billing address if different from mailing address on reverse: _____

Expiration Date _____ Security Code (on the back of the card) _____

Card Number _____

Visa Mastercard Amex

Name on the Card _____

low.

one-time, monthly or annual charge (as indicated on the reverse) from my (our) credit card as indicated be-

I (we), _____, hereby authorize SSPX Ridgefield to initiate a

Credit Card Authorization

Capital Campaign for Revitalization in Ridgefield Pledge and Donation Form

I want to support the Capital Campaign for Revitalization in Ridgefield. Please accept my pledge and donation.

Join A Circle of Support

Our Capital Campaign is specially dedicated to St. Joseph, and we are calling on you for your support with your generous and prayerful pledge. May we, in his honor and for the glory of God, make our generous pledge by selecting a giving level below.

Name _____
Address _____
Country _____
Phone _____
Email _____

Acknowledgement and Recognition Information Please use the following name(s) in all acknowledgements and for recognition purposes: _____

Or, I (we) wish to have our gift remain anonymous.

Signature(s) _____

Join A Circle of Support

- St. Joseph the Worker League
- St. Ignatius Loyola Guild
- Padre Pio Guild
- Patrons Circle
- Benefactors Circle
- Builders Circle
- Carpenters Circle
- Supporters Circle
- Friends of SSPX Ridgefield
- Other

One Time Gift

- Over \$500,000
- \$500,000
- \$250,000
- \$100,000
- \$50,000
- \$25,000
- \$10,000
- \$5,000
- \$2,500
- \$_____

3 Annual Pmts.

- \$_____
- \$166,700
- \$83,334
- \$33,334
- \$16,667
- \$8,334
- \$3,334
- \$1,667
- \$834
- \$_____

36 Monthly Pmts.

- \$_____
- \$13,889
- \$6,954
- \$2,778
- \$1,389
- \$695
- \$278
- \$139
- \$70
- \$_____

Bank Draft Authorization

I (we), _____ hereby authorize SSPX Ridgefield to initiate a one-time, monthly or annual debit, as indicated, from my (our) banking account as indicated.

Name account _____

Financial Institution _____

Type of Account: Checking Account Savings Account

Routing Number _____

Account Number _____

You may also attach a voided check to this form. Please make certain to write "VOID" across the front of the check.

Please ensure that there are sufficient funds in your account to pay the ACH debit when it is due. If the ACH is rejected due to insufficient funds, the withdrawal may take place at any time during the next 30 days, once the funds are available. If you wish to make any changes to your agreement, such as to change bank accounts or to modify the donation amount or to cancel the donation, please contact by email (ridgefield.campaign@gmail.com) or by phone (203-431-0201, ext. 16). Please inform SSPX Ridgefield if any withdrawal is inconsistent with your agreement. I (we) understand that the bank draft or the credit card charge will occur on the 15th of every month. This authority remains in effect until the total pledge amount is reached or SSPX Ridgefield has received written notification by email or by mail from me (us) of its termination.

Signature _____ Date _____