

PLEDGE FORM



Name (FIRST, LAST NAMES): _____

Address (STREET, CITY, STATE, ZIP): _____

Phone: _____ Email: _____

Total Pledge Amount: \$ _____ to be paid over a period of _____ years beginning _____ in installments
(MM/DD/YY)

as follows: Annually Semi-annually Quarterly Monthly Other _____

Payment: Check Credit Bank Debit Securities/Stock Parish Pay Other _____

Credit Card: Card Number: _____ Exp Date: _____

Bank Debit: Bank Routing Number: _____ Acct. No.: _____

Names on Account: _____

Securities or other properties: A representative from OLA will contact you with transfer instructions and gift acceptance guidelines.

I am unable to financially participate at this time, but will offer prayers for the success of Phase 2.

Acknowledgement: Please print how you would like to be recognized for your campaign support or write Anonymous

_____ **OR** In honor of Memory of _____

I understand that Our Lady of the Assumption is relying on this pledge as the basis for undertaking the work for which the pledge is made and that this pledge is considered binding. I agree to the above sum with the understanding that Our Lady of the Assumption may make reliance on this pledge.

Signature: _____ Date _____