



A VOYAGE INTO THE FUTURE

St. Paul Catholic Church and School
1201 Satre Street | Eugene, OR 97401
541-686-2345 | www.saintpaulparish.com

Donor Name(s) _____

Address _____

City, State ZIP _____

Email _____

Home Phone _____

Cell Phone _____

GIFT RECOGNITION

This gift is made in honor of/memory of

Print name(s) as you would like it published in recognition materials:

Please accept this as an anonymous gift for publication purposes.

Please contact me about one or more of the following gift options:

Stock or other securities *(stock transfer information available upon request)*

Real estate Life insurance

Other real property Gift annuities

Charitable trusts Retirement plans *(401K or similar)*

Bequests or wills Qualified Charitable IRA Distribution

Please contact me about how to make a planned gift.

Authorization Signature _____ Date _____

I/WE PLEDGE TO THE ST. PAUL CATHOLIC CHURCH & ST. PAUL PARISH SCHOOL CAMPAIGN

Amount Committed _____ Initial Payment _____

I/We choose to pay the balance over three years as follows:

- Monthly Quarterly Semi-Annually
 Annually This is a one-time gift

Installment Amount _____

First Payment Date _____ / _____ *(month/year)*

Gift Remarks _____

PAYMENT OPTIONS

Cash or Check payable to *St. Paul Catholic Church*

Credit Card: Visa or MC

Account # _____

Exp. _____ CSV # _____

Billing Address _____

Bank Account – Automatic Withdrawal

Bank Name _____

Account Type: Checking or Savings *(please attach deposit slip)*

Routing # _____

Account # _____

Bank and credit card accounts are charged on the *1st and* *15th of the month.*

