



Advancing the Mission of the Congregation of Holy Cross

In support of the goals of the *Hope to Bring* Campaign for the Congregation of Holy Cross, U.S. Province of Priests and Brothers, I/we pledge and agree to a gift as follows:

Donor Information

Name _____ Phone _____
Spouse Name _____ Phone _____
Address _____ Email _____
City, State, Zip _____

Pledge Information

I (we) pledge a total of \$_____ to be paid: Now Monthly Quarterly Annually

I (we) plan to make this contribution in the form of: Cash Check Credit Card Other

Five-year pledge term. Unless otherwise indicated, pledge reminders will be sent accordingly.

Method of Payment

1. CHECK in the amount of \$_____ is enclosed. (Made payable to the Congregation of Holy Cross, U.S. Province)

2. CHARGE MY DEBIT/CREDIT CARD for a total of \$_____

Visa MasterCard Discover American Express

Card Number _____ Exp: ____/____ Security Code* _____

*The 3- or 4-digit number located on the back of card or on the front for AMEX.

Authorized Signature _____

3. RECURRING – Set up monthly recurring gifts using your debit/credit card or ACH (bank debit).

I (we) prefer to make equal payments on the balance per the following schedule:

\$_____ to be paid: *Annually* *Semiannually* *Quarterly* *Monthly*

Signature(s): _____

Date: _____

Date: _____

Congregation of Holy Cross, United States Province
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