

St. Vincent's Cathedral Stewardship Commitment Card

Name _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Please see back for additional information.

Church Operating Fund

Total Annual Pledge: \$ _____

To be paid in equal amounts:

_____ *Weekly* _____ *Monthly*
_____ *Quarterly* _____ *Annually*

Improvements/DMR Fund

Total Annual Pledge: \$ _____

To be paid in equal amounts:

_____ *Weekly* _____ *Monthly*
_____ *Quarterly* _____ *Annually*

Mortgage Fund

Total Annual Pledge: \$ _____

To be paid in equal amounts:

_____ *Weekly* _____ *Monthly*
_____ *Quarterly* _____ *Annually*

Return to
St. Vincent's Cathedral
1300 Forest Ridge
Bedford, TX 76022

Credit Card Payment Option

_____ I would like to pay my pledge by **CREDIT CARD**. I understand that my pledge will be charged in **12 MONTHLY INSTALLMENTS** to be deducted on the 15th of each month (or the closest business day).

_____ **VISA** _____ **MASTERCARD**

Name of Cardholder

Card Number

Expiration Date

Security Code (from back of card)

Signature

Offering Envelopes

_____ I would like to receive **OFFERING ENVELOPES** (to be distributed in January of 2013).