



Our Faith. Our Hope. Our Mission.

2019 ANNUAL APPEAL
ARCHDIOCESE OF WASHINGTON
 P.O. Box 29260 • Washington, DC 20017-0260 • (301) 853-4575
 appeal.adw.org • #AnnualAppeal

Please contribute to the Annual Appeal today by completing this form and returning it to:

Archdiocese of Washington
 P.O. Box 29260, Washington, DC 20017-0260
 or by email to:
 development@adw.org

Please check one: Mr. and Mrs. Mr. Mrs. Ms. _____

 First Name Last Name Suffix

 Spouse Name

 Address Apt/Unit #

 City State Zip

 Parish Name and City

() ()
 Primary Phone (home work cell) Secondary Phone (home work cell)

 Email

ANNUAL APPEAL 2019 PLEDGE

Suggested Pledge	10 Monthly Payments	Suggested Pledge	10 Monthly Payments
Circle of Love		Circle of Hope	
<input type="checkbox"/> \$25,000. ⁰⁰ \$2,500. ⁰⁰		<input type="checkbox"/> \$1,000. ⁰⁰ \$100. ⁰⁰	
Circle of Peace		Circle of Faith	
<input type="checkbox"/> \$10,000. ⁰⁰ \$1,000. ⁰⁰		<input type="checkbox"/> \$ 750. ⁰⁰ \$ 75. ⁰⁰	
Circle of Unity		Other Gift Levels	
<input type="checkbox"/> \$ 5,000. ⁰⁰ \$ 500. ⁰⁰		<input type="checkbox"/> Other:..... \$ _____	
Circle of Charity		<input type="checkbox"/> \$ 600. ⁰⁰ \$ 60. ⁰⁰	
<input type="checkbox"/> \$ 2,500. ⁰⁰ \$ 250. ⁰⁰		<input type="checkbox"/> \$ 450. ⁰⁰ \$ 45. ⁰⁰	
Circle of Mission		<input type="checkbox"/> \$ 300. ⁰⁰ \$ 30. ⁰⁰	
<input type="checkbox"/> \$ 1,500. ⁰⁰ \$ 150. ⁰⁰		<input type="checkbox"/> \$ 150. ⁰⁰ \$ 15. ⁰⁰	
		<input type="checkbox"/> \$ 100. ⁰⁰ \$ 10. ⁰⁰	

Total Amount Pledged \$ _____
 Amount Enclosed \$ _____
 Balance to be Paid \$ _____

Please make your check payable to Annual Appeal.

CREDIT CARD

Please choose from one of the two following options:

- Please charge my entire pledge as a one-time gift now or
- Please charge my pledge balance in equal monthly installments

Beginning on _____ for a total of _____ months.
(Month) (Ending by 12/31/19)

To my: Visa Mastercard Amex Discover

Card No: _____ Exp. Date: _____

Name as it appears on card: _____

Signature: _____

DIRECT DEBIT

Please choose from one of the two following options:

- Please debit my entire pledge as a one-time gift now or
- Please charge my pledge balance in equal monthly installments

Beginning on _____ for a total of _____ months.
(Month) (Ending by 12/31/19)

Name(s) on Account: _____

Bank Name: _____

Routing No.: _____

Account No.: _____

Signature: _____