

Perhaps you were away and missed our campaign...

use this card & make your pledge today!

Thank You!



Total Gift	Initial Invoice	+6 Monthly Payments of	Daily Sacrifice
\$5,000	\$1,000	\$667	\$21.52
\$3,000	\$500	\$417	\$13.45
\$1,500	\$150	\$225	\$7.26
\$1,000	\$100	\$150	\$4.84 <i>DELI MEAT</i>
\$500	\$50	\$75	\$2.42 <i>SODA &amp; BAG OF CHIPS</i>
\$250	\$40	\$35	\$1.13 <i>LARGE CUP OF COFFEE</i>

Online Giving Page: <http://bit.ly/houseofcharity>  I will pray for vocations.



Signed: \_\_\_\_\_ Date: \_\_\_\_\_

PARISH USE ONLY  
Affix Label Here  
For new donors, please indicate whether Member or Visitor

KIVA 2015

Total Gift of: \$ \_\_\_\_\_ Check #: \_\_\_\_\_  
 Down Payment: \$ \_\_\_\_\_ Check Date: \_\_\_\_\_  
 Balance: \$ \_\_\_\_\_ The **balance** will be paid in: \_\_\_\_\_ (# monthly installments). Invoicing starts in April and ends the following March.

- Please charge to: Visa MasterCard AmEx Discover  
 Card Number: \_\_\_\_\_  
 Name on card: \_\_\_\_\_  
 Expiration Date & CSV: \_\_\_\_\_
- Parish office, please call me at the number below for this info.
- I have already made my sacrificial gift to the *House of Charity*:  
 through my workplace giving program  directly to the Pastor
- I am thinking about my decision. Please call me.
- I am unable to make a pledge today.

NAME \_\_\_\_\_

SPOUSE (IF APPLICABLE) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE WITH AREA CODE \_\_\_\_\_

EMAIL \_\_\_\_\_

PARISH **St. John Neumann**

Villas-N Cape May

Please make your check payable to the "House of Charity"