



# HOUSE OF CHARITY

## BISHOP'S ANNUAL APPEAL

To support the House of Charity, I am pleased to give a

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 MEAL</i>
\$500	\$50	\$75	\$2.42 <i>SODA &amp; BAG OF CHIPS</i>
\$250	\$40	\$35	\$1.13 <i>LARGE CUP OF COFFEE</i>

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.

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*

NAME		
SPOUSE (IF APPLICABLE)		
ADDRESS		
CITY	STATE	ZIP CODE
PHONE WITH AREA CODE		
EMAIL		
PARISH		

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

KIVA 2017

O Merciful God,

You are the provider of all that we are and all that we have.

You open wide your hand to provide for the needs of every living creature.

Make us always grateful for your loving Mercy and grant  
that we may be faithful stewards of your gifts;

Through Jesus Christ our Lord,  
Who with You and the Holy Spirit lives and reigns  
One God forever and ever.

*Amen.*