🕂 Annual Catholic Appeal

Thank you for your generosity!

Make your gift at archseattle.org/GiveACA (800) 809-4921 | <u>aca@seattlearch.org</u> **MAIL-IN DONATION FORM:** Please print and complete this form to ensure we can properly process and acknowledge your gift.

Mail this form and your check to: Annual Catholic Appeal

Archdiocese of Seattle PO Box 14964 Seattle, WA 98114-0964

YES! I WILL SUPPORT OUR MISSION!

Dear Archbishop Etienne, Please accept my/our gift to help support our ministries.

FIRST NAME		LAST NAME			
				710	
ADDRESS	APT/UNIT	CITY	STATE	ZIP	
PHONE	EMAIL				
MY PARISH NAME	PARISH CITY		C] Please note new address	
FOR OFFICE USE ONLY: ACA ID	PARIS	SH ID			
STEP 1 – Select your payment meth	hod:				
CARD NO.	EXP D,	ATE / MONTH YEAR	BILLING ZIP CO	DDE	
NAME ON CARD (PLEASE PRINT)					
Checking Account/EFT					
BANK ROUTING NUMBER BANK ACCOUNT NUMBER					
Choose One: Withdraw Payments on the \Box 5 th or \Box 20 th of the Month					
Check payable to Annual Catholic Appeal					
YES! I W	VILL SUPPORT OUR M	ISSION TO BE CHRIS	T TO OTHERS!		
STEP 2 – Choose your gift:					
MONTHLY RECURRING GIFT: I will Becoming an ACA SUSTAINING DON consistent funding for our Mission as a C	NOR is an easy way for you t	to give support, save pape	er and provide	;	
		T	OTAL PLEDGE:		
	Charge me \$ per month over months to pay balance.				
All gifts have until April 2023 to be fulfilled. N	# of months Aonthly pledge reminders will be		NT ENCLOSED:		
			[\$	
Have you considere	ed Planned Giving?	Planned	Gifts Include:		
☐ Yes, I would like information on P A planned gift provides future suppor Archdiocese of Seattle made possible meeting your financial and personal g Contact the Stewardship and Develo	Planned Giving. Please con rt for the ministries of the e through your generosity goals.	e and Livin while Charita	sts through Will ng Trusts able Trusts Advised Fund	 Individual Retirement Plan (IRA) Life Insurance Stock Donations 	