



ST. JOSEPH COLLEGE SEMINARY PLEDGE FORM

After prayerful consideration, we offer this pledge in support of
the Chapel Campaign at St. Joseph College Seminary:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MOBILE: _____ PARISH NAME: _____

EMAIL: _____

OUR TOTAL GIFT WILL BE \$ _____ PAID OVER _____ YEARS BEGINNING _____ / _____.
MONTH / YEAR

I WILL PAY MY PLEDGE (CIRCLE ONE): MONTHLY QUARTERLY SEMI-ANNUALLY ANNUALLY

METHOD OF PAYMENT (CIRCLE ONE): EFT CREDIT CARD CHECK STOCK OTHER

- ☐ WE WISH TO REMAIN ANONYMOUS. ☐ WE WISH TO TAKE ADVANTAGE OF SPECIAL RECOGNITION OPPORTUNITIES FOR A GIFT OF THIS AMOUNT. ☐ PLEASE SEND ME PLEDGE REMINDERS.

SPECIAL INSTRUCTIONS FOR GIFT, IF ANY: _____

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

You may electronically transfer \$ _____ (circle one) monthly / quarterly / semi-annually / annually to fulfill my pledge. All EFTs will be taken on the 15th of the month beginning the month after authorization.

PLEASE CHECK ONE BOX:

- ☐ CHECKING ACCOUNT (MUST INCLUDE A VOIDED CHECK) OR
☐ SAVINGS ACCOUNT (MUST INCLUDE A VOIDED CHECK)

CREDIT CARD AUTHORIZATION

You may charge my credit card \$ _____ (circle one) monthly / quarterly / semi-annually / annually to fulfill my pledge. Credit card charges will begin once we receive authorization.

PRINT NAME OF CARDHOLDER: _____

☐ VISA ☐ MASTERCARD

BILLING ZIP CODE: _____

☐ AMEX ☐ DISCOVER

□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

EXP. DATE: □ □ / □ □

CVC: □ □ □

SIGNATURE: _____

DATE: _____

*Please contact Fredrik Akerblom, Director of Advancement, with any questions.
fakerblom@stjcs.org | (704) 302-6386*

St. Joseph College Seminary is a tax-exempt, non-profit organization pursuant to Section 501(c)(3) of the Internal Revenue Code.
Our Tax ID Number is 85-1565926. Your gift is fully tax deductible to the extent of the law.

22 ARCTUS AVENUE | MOUNT HOLLY, NC 28120