Saint Francis taught us to serve the least among us and take care of the earth.

ST. FRANCIS CIRCLE

Diocese of Fort Worth

Donating to the Annual Diocesan Appeal through the St. Francis Circle monthly electronic giving program lets you do both.

PLEASE DETACH THIS PORTION BEFORE RETURNING

Authorization for Automatic Payment by Checking Account Deduction

Bank/Financial Institution _____

Name(s) as it appears on Account _____

Bank Routing # _____ Checking Account # _____

Authorization for Credit Card

- ☐ Visa
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Credit Card # _____ Expiration Date _____

Comments _____

Text to Give: Text SFC to 91999 **Give Online:** bit.ly/StFrancisCircle

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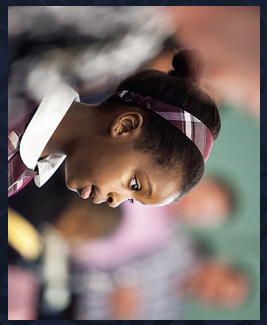
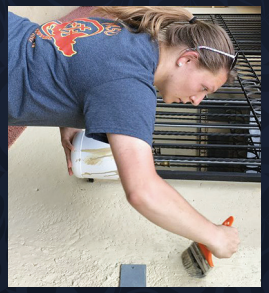
ANNUAL *Diocesan Appeal*





Your continuous support of
the Annual Diocesan Appeal
benefits the ministries of the
Diocese of Fort Worth,
including our clergy,
seminarians,
respect life ministries,
rural and needy parishes,
prison ministry, Catholic schools,
marriage tribunal,
marriage and family ministry
and outreach to the least
among us through
Catholic Charities.

For more information: Renée Underwood **runderwood@advancementfoundation.org** 817-945-9441

Sign Up Online: **bit.ly/StFrancisCircle** ***or Return this form to:*** Advancement Foundation, 800 West Loop 820 South, Fort Worth TX 76108-2919

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PLEASE ENROLL ME/US IN THE SAINT FRANCIS CIRCLE.

I hereby authorize *(see reverse side)* the Advancement Foundation to draft my:

☐ Checking Account ☐ Credit Card In the amount of $_____ each month on the: _____ Date

I have completed the authorization for automatic payment on the reverse side. I understand that this amount will be drafted by the Advancement Foundation Supporting the Diocese of Fort Worth each month until further notice and that I may discontinue these payments at any time.

☐ My employer will match my gift.

ST. FRANCIS CIRCLE
Diocese of Fort Worth

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev. ☐ Rev. Msgr. ☐ Deacon ☐ Sister

Name _____

My spouse joins me in making this gift: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

Spouse's Name _____

Signature _____ Date

Address _____

City _____ State ____ Zip _____

Phone _____

Email _____

Parish _____ City _____

SFCB