

Please Retain this portion for your records



# BISHOP'S LENTEN APPEAL

• CATHOLIC DIOCESE OF ARLINGTON •

200 NORTH GLEBE ROAD, SUITE 811, ARLINGTON, VIRGINIA 22203

Thank you for your support to help further the Mission of Jesus in our diocese!

## THIS IS A STATEMENT OF YOUR PLEDGE AS OF:

| BLA ID # | PLEDGE AMOUNT | AMOUNT PAID | PLEDGE BALANCE | DONATION SENT |
|----------|---------------|-------------|----------------|---------------|
|          |               |             |                |               |

Date of Last Payment:

For questions and address changes, please call: 703-841-2570 or email [stewardship@arlingtondiocese.org](mailto:stewardship@arlingtondiocese.org)



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Please detach and return this portion with your payment in the return envelope enclosed.

For **credit card** or **direct debit** payment, please check this box and complete the back of this form. Online giving information may also be found on the back of this form.

Please make checks payable to:  
**BISHOP'S LENTEN APPEAL or BLA**

You may pay your pledge to the *Bishop's Lenten Appeal*  
at our secure site: [www.arlingtondiocese.org](http://www.arlingtondiocese.org)

Or, you may use the form below to set up monthly recurring  
or one-time credit card or direct debit payments on your pledge.  
Please mail back this form in the envelope provided. Thank you!

### CREDIT CARD

Type of Card  VI  MC  AMEX  Discover

Credit Card Number \_\_\_\_\_

Expiration Date: month \_\_\_\_\_ year \_\_\_\_\_

Holder's Name \_\_\_\_\_

Charge a one time gift of \$ \_\_\_\_\_  
*or*

Charge a monthly gift of \$ \_\_\_\_\_ for a total of \$ \_\_\_\_\_

Beginning the month of \_\_\_\_\_ for a total of \_\_\_\_\_ months.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Email Address \_\_\_\_\_

### DIRECT DEBIT

Bank \_\_\_\_\_

Name(s) \_\_\_\_\_

Routing Number \_\_\_\_\_

Account # \_\_\_\_\_

Withdraw the amount of \$ \_\_\_\_\_ monthly, beginning the month  
of \_\_\_\_\_ for \_\_\_\_\_ months, for a total of \$ \_\_\_\_\_.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Email Address \_\_\_\_\_

**Please Note:** All monthly credit card charges and direct debit payments  
will be made on the 24th of each month, or the next business day.