

ADDRESSEE
ADDR_LINE1
ADDR_LINE2
CITY, STATE ZIP
P_PHONE (PARISH)
EMAIL4 (PARISH)
LAST GIFT: LAPPGIFT

Acct: CONS_ID

Give online at aca.archstl.org
or text "ACA" to 243725



Thank you for your gift to the 2022 *Annual Catholic Appeal*:

SUGGGFT1 SUGGGFT2 SUGGGFT3 SUGGGFT4 Other _____

Total Pledge: \$ _____ I'm unable to participate

Today's Payment: \$ _____ Check Credit Card

Pledge Balance: \$ _____

Signature _____ Date _____

Email _____

SCANLINE

PARISH COPY

Select one of the following payment plans for your pledge balance:

- (1) Ten monthly payments: Jul 2022–Apr 2023
- (2) Four quarterly payments: Jul and Oct 2022, Jan and Apr 2023
- (3) Three payments: Jul, Oct and Dec 2022
- (5) Specify payment months: _____

Select payment option:

Automatic withdrawals and credit card payments are processed on the 20th of the month.

- (1) Bill Me Gift of Stock* IRA/Donor-Advised Fund*
- (2) **Automatic Withdrawal:** Checking Savings

Bank Routing No. _____

Account No. _____

- (3) **Credit/Debit Card:** MasterCard Visa Discover American Express

Card No. | | | | | | | | | | | | | | | | | | | | | |

Exp. Date _____

Make checks payable to the *Annual Catholic Appeal* unless your employer will match your gift. See reverse side for details and to indicate the recipient for your company match.

My employer will match my gift. _____

(Company Name)

*For more information, contact us at
314.792.7680 or acaoffice@archstl.org

PARISH / CARDTYPE/ MATCHGIFT PARISHSEQ

LAST_NAME, PARSAL (PARISH SALUTATION)
P_PHONE (PARISH PHONE)



← **SCAN TO GIVE**
or visit
aca.archstl.org



← **TEXT TO GIVE**
Text "ACA"
to 243725



ANNUAL
CATHOLIC
APPEAL

BUILD MY CHURCH

Please join me and thousands of other faithful Catholics across the Archdiocese of St. Louis in bringing Christ's love to our community through the 2022 *Annual Catholic Appeal*. Thank you for considering my request. May God bless you and your loved ones.



Sincerely yours in Christ,

Most Reverend Mitchell T. Rozanski
Archbishop of St. Louis

BARCODE
ADDRESSEE
ADDR_LINE1
ADDR_LINE2
CITY, STATE ZIP

CONS_ID PARISH PARISHSEQ

Please make your pledge on the following page.