

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



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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

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.