



The Mystery of faith

2023 BISHOP'S ANNUAL APPEAL PLEDGE



(Mr./Mrs/Ms) Name _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____

Email _____

Parish _____

Option 1* Sustaining Donor Level: \$ _____ monthly until I ask you to stop.

Option 2* Partner Donor Level: \$ _____ for _____ # months: Mail Credit Card

Option 3* One-Time Gift Enclosed: \$ _____ Cash Check

***Complete your pledge on the other side of this card. Thank you.**

Remind me of my monthly payment: Mail Email None

I prefer my Appeal information by: Mail Email

Please make checks payable to: Annual Appeal.

For Auto Withdrawal from Checking (ACH):

Please use my checking account. **I have included a blank voided check.**

▶ Donor Signature: _____ Today's Date: _____

For Credit Card Withdrawal:

Credit Card #: _____

Expiration Date: _____ CVV: _____

▶ Donor Signature: _____ Today's Date: _____

Mail to:

Diocese of Baker
641 SW Umatilla Avenue
Redmond, OR 97756

Call us:

(541) 388-4004

Email us:

Appeal@DioceseofBaker.org

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DioceseofBaker.org/consider-a-pledge

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