



All gifts must be received by December 31, 2021

Please credit my gift to my parish <Parish Name>

**Thank you for your past gift of \$XX,
Would you please consider giving?**

- \$XX
- \$XX
- \$XX (match past gift)
- Other \$_____

QUESTIONS? Call (337) 273-0801 for assistance

- Have Changes?** Print new information on the back.

Choose your payment method

- Check Payment:** Check No: _____
*Please make checks payable to **Bishop's Services Appeal** and return in the envelope provided.*
- Credit/Debit Card Payment:** Visit diolaf.org/BSA or text DIOCESE to 41444

<000> <Parish Name>
Donor Record No.: <99999>
<Name>
<Address 1>
<Address 1>
<City>, <State> <Zip>

3D2021


12345

STAY CONNECTED

Please change my address:

Address: _____

City: _____

State: _____ Zip: _____

Preferred email:

His: _____

Hers: _____

Preferred phone:

His:

Home: _____

Cell: _____

Work: _____

Hers:

Home: _____

Cell: _____

Work: _____

Bringing
Hope & Healing
Thank you for your support

Yes, I would like to remember the diocese and/or my church parish in my will. Please contact me.