



1 Yes! I want to support the *One Bread, One Body* Capital Campaign with a total commitment of \$_____ over three years.



**If you would like to fulfill your pledge online using a debit/credit card, please visit cccparish.org/capitalcampaign or scan the QR code above to set up payments.*

***A parish staff member will contact you for additional information.*

**Corpus Christi
Catholic Parish**

6001 Bob Billings Parkway
Lawrence, KS 66049
(785) 843-6286

2 PAYMENT DETAILS:

- ☐ Enclosed is payment in full.
☐ Enclosed is the first payment of \$_____.
☐ I will make the first payment in _____ (month/year).

I will pay the balance of my gift:

- ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

3 METHOD OF PAYMENT:

(please designate or label payments with 'One Bread, One Body:')

- ☐ Cash/Check (payable to Corpus Christi Catholic Parish with *One Bread, One Body* in the memo)
☐ Debit/Credit*
☐ Direct Charitable Contribution from a Retirement Account**
☐ Stocks, Bonds, Mutual Funds**
☐ Other**

4 CONTACT INFORMATION

Name(s) _____

Address _____

City, State, Zip _____

Phone 1 (____) _____ ☐ Mobile ☐ Home

Phone 2 (____) _____ ☐ Mobile ☐ Home

Email 1 _____

Email 2 _____

5 RECOGNITION

- ☐ Please print your name(s) as you would like it to appear in any campaign recognition materials.

- ☐ I wish to remain anonymous.
All recognition will be name only – gift amount will not be shared publicly.

6 EMPLOYER MATCHING

- ☐ My employer, _____
will match.

7 SIGNATURE

Signature: _____

Date: _____