

***I am pleased to support our
2024 Challenge Grant !***

(Please Print)

Date: _____

Name: _____

Address: _____

City/State/: _____

Zip: _____

Phone: _____

Envelope #: _____

*Please indicate the total amount of your
participation below:*

___ \$25 ___ \$50 ___ \$75 ___ \$100

___ \$150 ___ \$250 ___ \$500 \$ _____

Choose from one of the following options

***(existing independent on-line givers may use
their account to participate):***

Payment Enclosed

Cash _____ or Check # _____

(Make checks payable to St. Thomas the Apostle Church)

OR

Complete the following:

Credit Card: ___ Visa ___ Master Card

#: _____

Exp. Date: _____ CVV _____

OR

ACH Option: ___ Checking ___ Savings

Acct # _____ Routing# _____

Installment Schedule:

\$ _____ monthly for ___ months
(up to 6 months)

Signature _____