

*I am pleased to support our
2020 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: _____

OR

ACH Option: ___ Checking ___ Savings

Acct # _____ Routing# _____

Installment Schedule:

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

Signature _____



*Please Help Secure
Our Future.*

*Participate in the challenge
grant and have your
contribution increased up to 4
times!!!*

How can that happen?

- 1. Make your contribution*
- 2. Submit your contribution to
your employer matching gift
program*
- 3. The total of your gift and
any match will be
matched....*

*.....so your initial contribution
could increase 4x !!*

*St. Thomas the Apostle Parish,
85 years young and moving
forward...*

*Come! Join the
journey!!!*