

Hearts  
*filled with*  
Hope

2020  
**ANNUAL  
APPEAL**

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Archdiocese of Washington  
P.O. Box 29260  
Washington, DC 20017-0260  
(301) 853-4575

## 2020 PLEDGE COMMITMENT

### CIRCLE OF MISSION

Gifts of \$1,500 through \$2,499

- YES, I /we wish to support the Annual Appeal by joining the **Circle of Mission**.

Your parish is St. Peter - Waldorf  
If incorrect, please list parish name, city: \_\_\_\_\_

Mr. Timothy E. Beard  
14020 Petzold Dr  
Waldorf, MD 20601-4238

### CIRCLE OF CHARITY

Gifts of \$2,500 through \$4,999

- YES, I /we wish to support the Annual Appeal by joining the **Circle of Charity**.

### Method of Payment:

- I wish to pay my gift by check.  
Make payable to **Annual Appeal**.
- I wish to pay my gift by credit card.  
Please complete form on reverse.
- I wish to pay my gift by direct debit to my checking account.  
Please complete form on reverse.
- I wish to pay my gift by stock or IRA transfer.  
Please contact me by:  phone  email at:  
\_\_\_\_\_

Total amount pledged \$ \_\_\_\_\_

Amount enclosed \$ \_\_\_\_\_

Balance remaining \$ \_\_\_\_\_

Send pledge reminders:  monthly  December only

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## CREDIT CARD/DEBIT CARD

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Please choose ONE of the following options below:

- Please charge my entire pledge as a one-time gift now
- Please charge my pledge balance in equal monthly installments  
Beginning in \_\_\_\_\_ and ending in \_\_\_\_\_  
(Month) Month (ending by 12/31/20)
- Please charge \$ \_\_\_\_\_ monthly as a sustaining (ongoing) gift  
Beginning in \_\_\_\_\_ and continuing until I notify ADW to discontinue  
(Month)

To my:  Visa  Mastercard  Amex  Discover

Card No: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## DIRECT DEBIT

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Please choose ONE of the following options below:

- Please charge my entire pledge as a one-time gift now
- Please charge my pledge balance in equal monthly installments  
Beginning in \_\_\_\_\_ and ending in \_\_\_\_\_  
(Month) Month (ending by 12/31/20)
- Please charge \$ \_\_\_\_\_ monthly as a sustaining (ongoing) gift  
Beginning in \_\_\_\_\_ and continuing until I notify ADW to discontinue  
(Month)

Name(s) on account: \_\_\_\_\_

Bank name: \_\_\_\_\_

Routing no.: \_\_\_\_\_

Account no.: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

