

*Journeying forward
to the heart of our future*



THE CAMPAIGN FOR OUR NEW MERCY CENTER

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone #: _____

E-mail: _____

*I/We wish to support the SJA Capital Campaign
with the following pledge:*

Amount of Pledge: \$ _____

Initial Payment \$ _____

Balance Due \$ _____

Pledge Period: 1 year 2 years 3 years Other

Payable: Monthly Quarterly

Semi-Annually Annually

Pledge start date: _____

Yes, I would like a reminder 2 weeks prior to a
projected payment date.

My company has a matching gift program. Company name:

Method of Payment:

Cash/Check Credit Card Other

Donor Signature: _____

Date: _____

Thank you for your support!

SEE PAYMENT CHART GUIDE ON REVERSE

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PAYMENT CHART GUIDE

	PAYMENT			
	Gift	3 Years Annual	3 Years Semi-Annual	3 Years Quarterly
PLEDGE AMOUNT	\$15,000	\$5,000	\$2,500	\$1,250
	\$10,000	\$3,333	\$1,666	\$833
	\$7,500	\$2,500	\$1,250	\$625
	\$6,000	\$2,000	\$1,000	\$500
	\$3,000	\$1,000	\$500	\$250
	\$1,500	\$500	\$250	\$125
	\$1,000	\$333	\$166	\$83

Please fill-in this Pledge Card and return in an envelope addressed to:

**St. Joan of Arc Catholic Church & School
370 SW 3rd Street, Boca Raton, FL 33432
Att: Development Office**

If you have a question please call
Wendy Horton at (561) 952-2838
or email horton_wendy@stjoan.org
www.stjoan.org