

Parish _____

Name _____

Address _____

City _____ Zip _____

My Gift to the Archdiocesan Catholic Services Appeal is as follows:

Amount Of Gift \$ _____

Amount Paid \$ _____

Balance Due \$ _____
Please send a Reminder Envelope as indicated below:

9 Monthly Payments (starting in July)

Quarterly—July / Oct / Jan / April

Parish Auditors Use Only

\$ _____

Initial Payment

Check

Cash

Date _____ Auditor _____

We Say Yes!



Make Checks Payable to
St. Mary of the Hills C.S.A.

Signed _____

(This Gift is Not Legally Binding)