



OUR LADY OF LA VANG SHRINE PROJECT AT CHRIST CATHEDRAL CAMPAIGN PLEDGE COMMITMENT

For Credit Card or Electronic Funds Transfer, see reverse side for information

IN APPRECIATION OF GOD'S GIFTS, I/WE PLEDGE THE FOLLOWING:

- PLEDGE AMOUNT \$ _____
- Amount Enclosed \$ _____
- Balance Due \$ _____

I/WE PREFER TO PAY THE BALANCE AS FOLLOWS:

- Annually Quarterly
- Semi-annually Monthly

OVER A PERIOD OF*:

- 1 year 2 years 3 years
- 4 years 5 years

Payments to begin _____ (date)
Month/Year

I WISH TO RESTRICT MY GIFT TO:

- The Our Lady of La Vang Shrine and Restoration
of Christ Cathedral Campus

NAME(S) AS THEY SHOULD APPEAR FOR RECOGNITION:

NAME(S) _____
Please Print Full Name

ADDRESS _____

CITY _____

STATE _____ ZIP _____

EMAIL _____

PHONE _____

PARISH _____

SIGNATURE _____

DATE _____

PLEASE MAKE CHECKS PAYABLE TO:

ORANGE CATHOLIC FOUNDATION - OLLV

13280 CHAPMAN AVENUE
GARDEN GROVE, CA 92840

Telephone 714.282.6026

www.orangecatholicfoundation.org/lavangform

Please contact Michelle Dao at (714)282-6026 or email lavangshrine@orangecatholicfoundation.org to discuss an alternative payment schedule or gifts of appreciated assets. Gifts are tax deductible as allowed by law.

The Orange Catholic Foundation, on behalf of the Roman Catholic Bishop of Orange, is grateful for the support it receives from individuals, corporations and foundations. One of the ways our thanks is expressed is through listing the names of donors in various publications and announcements. If you prefer not to have your name(s) published for public recognition purposes, please notify the OCF in writing addressed to the Executive Director of the Orange Catholic Foundation at 13280 Chapman Avenue, Garden Grove, CA 92840.

The Orange Catholic Foundation represents that it is qualified as a charitable religious corporation, for which Donor(s) is or will be entitled to charitable contribution tax deductions under Internal Revenue Code sections 170, 2055, 2106, and 2522. Tax ID # 33-0934571.



AUTHORIZATION FOR AUTOMATIC PAYMENT BY ELECTRONIC FUNDS TRANSFER (EFT)

Bank/Financial Institution: _____

Bank Routing No.: _____ Acct No.: _____

AUTHORIZATION FOR CREDIT CARD

Name(s) as it appears on Account for Credit Card: _____

VISA DISCOVER Credit Card No.: _____

MASTERCARD AMERICAN EXPRESS Expiration Date: _____

AUTOMATIC PAYMENT OPTIONS

Please schedule my automatic payment on the 1st or 15th of the month. A maximum of 30 days may elapse before the first automatic payment begins. Please attach a voided blank check (no deposit slips) with this authorization. Your signature on the front of this card authorizes credit card or automatic withdrawal payment.

OFFICE USE ONLY PLEASE

Cash Credit Card/Direct Debit Check# _____ Other Payment _____

ORANGE CATHOLIC FOUNDATION · P.O. BOX 4903 GARDEN GROVE, CA 92842-4903 · P: 714.282.6026 · F: 714.282.3136

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