

2023 Strategic Ministry Priorities

## PLEDGE FORM

PERSONAL I	NFORMATION					
Name of Done	or(s):					
Address:						
City:			State:		Zip:	
Phone Numbe	er:		Email Address	s:		
Î	Please note that it is o	our practice to recognize do	nor names and gift range	es in appropria	ate publications.	
Name as you	wish to be listed, is	f different from above:				
☐ I/We wish	n for this gift to be	anonymous. I underst	and that this gift wil	l not be liste	d in any publica	ations.
GIFT/PLEDG	GE INFORMATIO	N				
I/We wish to	make a:	e-time gift   Pledge	ein the total amo	ount of \$		as follows:
Cash \$	Stock \$	Commemorativ	ve Brick(s) \$	_ Legacy/I	Planned Gift \$ _	
		ete the relevant gift/pledge separate Commemorative				
I/We wish for	this gift to be:	Unrestricted (used fo	or the area of greates	st need)		
		Restricted (Naming Ministry Priorities b		•		
		Endowment (perma	nently invested, inte	rest used to f	fund programs)	
Signature:			_			
Data						

Please complete and return this form to John F. Hopke, Director of Development, Catholic Campus Ministry at William & Mary, 10 Harrison Avenue, Williamsburg, VA, 23185.

## PLEDGE PAYMENT OPTIONS

Pledges may be s <sub>l</sub>	pread over three years. Please indicate your preference	es below.
I/We will give \$ each year,	over years.	
Pledge payments will begin on (month	n/year), and will be paid:	
☐ Monthly	Quarterly Semi-Annually A	nnually
☐ Credit/Debit Card/ACH. I will	visit tribecatholic.org/give to setup electron	ic giving for this pledge.
Credit/Debit Card/ACH. Please	e contact me to assist with setting up electron	nic giving for this pledge.
Cash or Check. \$ is en	nclosed, payable to Catholic Campus Minis	try at William & Mary.
	, or Other Property. Approximate Value t Director, John Hopke, for instructions on transferr	
Matching Gift. In addition to my I have enclosed the required form.	y own personal commitment,	will match my gift.
LEGACY (PLANNED) GIFT		
I have made a provision in my o	estate planning to benefit Catholic Campus Ministry	at William & Mary.
The provision is in the form of a:		
Bequest (Will or Trust)	Retirement Fund Beneficiary De	signation
Charitable Gift Annuity	☐ Life Insurance Beneficiary Designation	
☐ IRA	Other:	
I would like my gift to be used for the	following purpose (please describe):	
Lumen Christi Legacy Society Gift Re	ognized in publications.	
	☐ I/We prefer to remain ar	nonymous.
Estimated Value of Gift: \$	gal document in which your gift is described would b	he helpful, but is not required.
My attorney and/or financial advisor	is:	
Name:		
Phone Number:	Email Address:	