



HOUSE OF CHARITY

BISHOP'S ANNUAL APPEAL

Total Gift	Initial Invoice	+6 Monthly Payments of	Daily Sacrifice
\$5,000	\$1,000	\$667	\$21.52
\$3,000	\$500	\$417	\$13.45
\$1,500	\$150	\$225	\$7.26
\$1,000	\$100	\$150	\$4.84 <i>BELL MEAL</i>
\$500	\$50	\$75	\$2.42 <i>SODI & BAG OF CHIPS</i>
\$250	\$40	\$35	\$1.13 <i>LARGE CUP OF COFFEE</i>

Online Giving Page: <http://bit.ly/houseofcharity> I will pray for vocations.



Signed: _____ Date: _____

PARISH USE ONLY

Affix Label Here

For new donors, please indicate whether Member or Visitor

KVA 2016

To support the House of Charity, I am pleased to give a

Total Gift of: \$ _____ Check #: _____
 Down Payment: \$ _____ Check Date: _____
 Balance: \$ _____ The balance will be paid in: _____ (# monthly installments). Invoicing starts in April and ends the following March.

Please charge to: Visa MasterCard AmEx Discover
 Card Number: _____
 Name on card: _____
 Expiration Date & CSV: _____

Parish office, please call me at the number below for this info.

I have already made my sacrificial gift to the *House of Charity*:
 through my workplace giving program directly to the Pastor

I am thinking about my decision. Please call me.

I am unable to make a pledge today.

NAME _____

SPOUSE (IF APPLICABLE) _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE WITH AREA CODE _____

EMAIL _____

PARISH *Our Lady Star of the Sea, Cape May*
Please make your check payable to the "House of Charity"