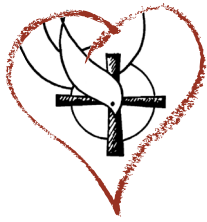


## COMMITMENT FORM



# NEWMAN CHALLENGE

## Annual Giving Drive **2018-19**

# **B E M O R E** D O **M O R E** G I V E **M O R E**

### COMMITMENT INFORMATION

I'd like to make a total Newman Challenge commitment of:

\$ \_\_\_\_\_

(PAYABLE FROM **OCT. 1, 2018 - SEPT. 30, 2019**)

100% of your financial gift supports the Newman Center

### DONOR INFORMATION

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_  Cell  Home  Work

\*Email: \_\_\_\_\_

*Required for electronic giving.*

### WAYS TO FULFILL YOUR COMMITMENT

#### OPTION 1

I choose to give my **FULL AMOUNT TODAY**.

Please process my full commitment upon receipt of this form.

#### OPTION 2

I choose to give on my own **PERSONAL SCHEDULE**.

I will fulfill my commitment through the offertory.

#### OPTION 3

I choose to give electronically through  
**BUCKEYE CATHOLIC DIRECT**  
(monthly CREDIT CARD/CHECKING account donation)

Monthly recurring gifts will be divided equally, based on the total amount of your Newman Challenge commitment.

Please fill out your credit card/checking account information in the Payment Information section.

### PAYMENT INFORMATION

**Please note:** We do not keep financial information.

Please fill out current account information below.

Please charge my **CREDIT CARD**

Account Number: \_\_\_\_\_

Mastercard  Visa  Amex  Discover Exp. Date: \_\_\_\_\_

~ OR ~

Please deduct payments from my **CHECKING ACCOUNT**

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

I authorize St. Thomas More Newman Center to process this gift until otherwise instructed.  
(signature and date required)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**THANK YOU!**

### PLANNED GIVING

In addition to my Newman Challenge gift, I am interested in making a planned gift.  
Please contact me about joining the St. Thomas More Legacy Society and becoming a Fr. Vinny Visionary.

