DONOR INFORMATION	Gift Plan:	40 D	4.0
	Total Gift	10 Payments	4 Payments
Name	\$ 40	\$ 4	\$10
Address	\$ 80	\$8	\$20
	\$100	\$10	\$25
CityStateZip	\$250	\$25	\$62.50
Phone	Other		
Email	Total Gift: \$_		
EIIIdii	Amount End	losed: \$	
Parish	Balance Due	e: \$	
ADDITIONAL INFORMATION:	Online g	ving available at or MyParishA	gidiocese.org pp
Spouse Name			
Phone	DIO	CESAN	
Email	APP	EAL II TIVATE SHARE	

Payment:

Check payable to	Diocesan Appeal
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____ Credit Card/EFT (see reverse side)

___ I prefer to remain anonymous

Other Ways To Give:

____ Please contact me about a gift of stock/grain/livestock

I would like to learn more about including the Diocese of Grand Island, its parishes, schools and other Catholic ministries in my estate plan

Recurring Monthly Gift:

I would like to begin making a monthly/ recurring gift of ______ starting immediately

Monthly gifts will automatically renew for future Diocesan Appeals (see reverse side)