



From: _____



PLACE
STAMP
HERE

Roman Catholic Diocese of Albany
Bishop's Appeal Office
40 North Main Avenue
Albany, New York 12203



Your Guide to Giving: The Roman Catholic Diocese of Albany's Bishop's Appeal

Please consider making a pledge or gift in one of these amounts:

- | | |
|---|--|
| <input type="checkbox"/> \$83.00 a month/ \$1000 a year | <input type="checkbox"/> Burke Society (A gift/pledge of \$5000+) |
| <input type="checkbox"/> \$70.00 a month/ \$840 a year | <input type="checkbox"/> Legacy Society (A gift/pledge of 2500+) |
| <input type="checkbox"/> \$50.00 a month/ \$600 a year | <input type="checkbox"/> 1847 Society (A gift/pledge of \$1847) |
| <input type="checkbox"/> \$40.00 a month/ \$480 a year | <input type="checkbox"/> Sacrificial Gift Group (A gift/pledge of \$720) |
| <input type="checkbox"/> \$30.00 a month/ \$360 a year | <input type="checkbox"/> Steward (A gift/pledge of \$500) |
| <input type="checkbox"/> \$20.00 a month/ \$240 a year | |
| <input type="checkbox"/> \$10.00 a month/ \$120 a year | |
| <input type="checkbox"/> Other. Please use my gift/pledge of \$_____ to help! | |

*Make Checks Payable to: **The Bishop's Appeal***

Donors will receive up to 8 pledge statements. Bishop's Appeal pledge statements are mailed out in July, August, September, October, November, December, January and February.

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Total Gift/Pledge: \$ _____

Are you enclosing a gift or pledge today? Please tell us the amount: \$ _____

Remaining balance (Gift/pledge *minus* enclosed amount): \$ _____

Please send me information about Employer Matching Gifts.