

Rooted in Faith

Embracing our Future Endowment and Capital Campaign

You may choose to use this form to make a pledge payment using your credit/debit card or thru an EFT (Electronic Funds Transfer), if it is more convenient for you. Complete all entries, print and mail this completed form (with a voided check for EFT payments) to The Catholic Foundation of Santa Clara County, 777 North First Street, Suite 740 San Jose, California 95112. If you need assistance with this please call us at (408) 995-5219.

Name(s) _____

Complete Address _____

Telephone Number(s) – Please circle which phone you would prefer us calling

Home _____ Cell _____ Work _____

My Parish is _____ Account number _____

We process the credit card and EFT payments on the 1st or the 15th of the month; please indicate which date of the month you prefer: 1st or 15th

Would you like a Periodic Statement? Yes No

Credit Card EFT Authorization

Frequency of charge (please check one)

One Time Monthly Quarterly Semi Annually Annually

Amount \$ _____ for a total of \$ _____

Credit/Debit Card

Credit Type (please check one)

VISA MasterCard Discover American Express

Credit Card Number _____ Expiration Date _____

Signature _____

EFT – Electronic Funds Transfer

(For EFT you must include a voided check)

Bank Name _____ Account Number _____

Signature _____

PLACE A VOIDED COPY OF YOUR CHECK HERE FOR EFT (Electronic Fund Transfers)