Mayslake Ministries
Fostering the Spiritual Life

In support of the mission of Mayslake Ministries, I intend to contribute the total sum of $_____

MY DONATION WILL BE MADE AS FOLLOWS:

☐ ONE-TIME GIFT Date _____ Amount: $_____

☐ MONTHLY Start Date _____ Amount: $_____

Over the course of 1 2 3 4 5 years (please circle one)

☐ QUARTERLY Start Date _____ Amount: $_____

Over the course of 1 2 3 4 5 years (please circle one)

☐ ANNUALLY Start Date _____ Amount: $_____

Over the course of 1 2 3 4 5 years (please circle one)

Signature:_____ Date: _____

Please print your name as you would like to be acknowledged _____

PAYMENT OPTIONS

☐ I will make my donation by check; Please send me reminders as indicated above

☐ I will make my donation by credit card: please charge my card as indicated below

Visa MasterCard

Card number _____-_____-_____-_____ Expiration _____/_____

Signature:_____ Date: _____

Print name as it appears on your card _____

☐ I would like to fulfill my pledge in part, or in full, through a gift of stock and would like to be contacted.

MATCHING GIFT: Please indicate if you plan to have your gift matched by your employer.

Potential Matching Gift Amount: $_____ Employer _____

MAILING ADDRESS FOR REMINDERS:

Name: _____

Address/City/State/Zip_____

Phone: _____Cell:_____

E-mail:_____

Please mail completed form to Mayslake Ministries, 450 East 22nd Street, Suite 170, Lombard, IL 60148