



Saint Mary's Impact, Inc.

2024 Membership Pledge Form

Member Name or Business Sponsor Name

First Name _____

Last Name _____

Do you want to be anonymous?

☐

What Parish are you affiliated with?

If you do not belong to a parish, please just type NA _____

Phone Number _____

Address

Street Address _____

Street Address Line 2 _____

City _____

State / Province _____

Postal / Zip Code _____

Choose a Membership - Due by 06/01/24

- ☐ GENERAL MEMBERSHIP - \$1,000
- ☐ SAINT SPONSORSHIP \$1,100 to \$4,999
- ☐ ANGEL SPONSORSHIP \$5,000 to \$9,900
- ☐ ARCHANGEL SPONSORSHIP \$10,000 and Above

Donation Amount

Please write the exact amount you would like to donate. \$_____

You Can Donate by Check or Credit Card. Whichever form of payment you select please fill out ALL boxes that are associated with those forms of payment for the easiest transaction.

Bank Account Type:

Please Circle: Checking Savings Money Market

Bank Name _____

Account Number _____

Name on Account _____

Credit Card Type:

Please Circle: AMEX Visa Master Card Discover

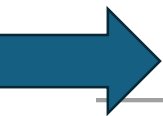
Name on Credit Card _____

Credit Card Number _____

CSV Number _____

3-digit code on back of MC/VISA card or 4-digit code on front of AMEX card

Expiration Date MM/YYYY _____



Signature of Saint Mary's Impact Donor

By signing, you authorize Saint Mary's Impact Inc to charge your credit card or draft your bank account for the above agreed upon donations. You also understand that your information will be saved to a future file.