

## Our Commitment in Faith

I/We wish to help shape the future of St. Mary of Mount Carmel Catholic Church by providing the following for the **Our PARISH - Our FUTURE** Capital Campaign for Campus Improvements.

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

A financial commitment can be made by filling out this form or using the QR code to the right for on-line gifts.

**Frequency of Gift:**    ☐ This is a One-time Gift

☐ This is a Monthly Gift    ☐ For how many months

☐ This is an Annual Gift    ☐ For how many Years

**Total Gift:**    TOTAL GIFT:    \$ \_\_\_\_\_

NOW ENCLOSED:    \$ \_\_\_\_\_  
(please consider a 10% initial payment)

LEAVING A BALANCE OF:    \$ \_\_\_\_\_



GIFTING

I/We plan to offer our commitment (please check one):    ☐ Weekly    ☐ Monthly    ☐ Annually

☐ I/We wish to arrange for automatic payment of my/our contribution. An Electronic Funds Transfer agreement (EFT) is attached.

☐ I wish to remain anonymous and not be included in donor recognition programs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Your commitment is a declaration of intention and is not legally binding.
- Your contribution may or may not be tax deductible. Please consult with your financial planner and/or tax advisor.
- Make checks payable to: **St. Mary of Mount Carmel Catholic Church** and write **Our Parish – Our Future** in the memo portion.
- Please complete this commitment form and return it in the envelope provided or use the above QR code for your gift.
- Kindly respond to this request by July 25, 2025. Thank you.

**Thank you for your financial commitment for the Vision of St. Mary of Mount Carmel Catholic Church and School and for your desire to assist as indicated.**

## Our PARISH - Our FUTURE

A Capital Campaign for Campus Improvements

### Electronic Funds Transfer (EFT)

It is possible to have your capital campaign contributions to St. Mary of Mount Carmel Catholic Church offered electronically. Please fill out this form, sign and date, and attach a voided check or a blank savings deposit slip and put both documents in the CONFIDENTIAL envelope with your commitment form. Thank you!

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Contribution

One-Time / Monthly / Yearly

Start Date (if not a One-time gift)

Frequency (circle one)

\$ \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

Monthly (18<sup>th</sup>)

Yearly \_\_\_\_\_ 5<sup>th</sup> (indicate month)

I authorize St. Mary of Mount Carmel Catholic Church in Long Prairie, Minnesota to initiate entries to my checking/savings account. This authority will remain in effect until I notify St. Mary of Mount Carmel Catholic Church in writing to cancel it. This cancellation time must be sufficient to allow the bank a reasonable opportunity to act on it. I can stop payment of any entry by notifying my bank three days before my account is to be charged. I can have the amount of an erroneous charge immediately credited to my account up to 60 days after posting. Proof of payment will appear on my bank statement.

Name of Financial Institution: \_\_\_\_\_

Address of Financial Institution: \_\_\_\_\_

\_\_Checking \_\_Savings Account Number: \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_

Account Name Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Account Name Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a voided check or a blank savings deposit slip.

Thank you!