

The Pax Christi Crossroads Fund Pledge

Crossroads Fund Gift: Total Gift \$ _____ Paid Now \$ _____ Balance Due \$ _____ Make checks payable to Pax Christi Crossroads Fund

Special Purpose/Instructions: _____

Payable: (circle one) One-Time Gift Monthly Quarterly Semi-Annually Annually

Start Date: _____ End: _____

It is understood that your gift will be paid over 3 years unless otherwise indicated. This pledge is not legally binding. Your gift is tax deductible to the extent allowed by law. Upon receipt of your pledge an acknowledgement will be sent.

Remittance envelopes are included in your offertory envelope packets.

I /We don't receive envelope packets, please send reminders.



Name (please print clearly): _____ **Phone:** _____

Signature: X _____ **X** _____ **Date:** _____

Address: _____ Fill in other side if you wish to pay your gift via

City/State/Zip: _____ **Electronic Funds Transfer or Credit Card.** →

Return completed form to parish office or mail to: Pax Christi Catholic Community 12100 Pioneer Trail, Eden Prairie, MN 55347

Fill in lower half if you wish to pay your gift via **Electronic Funds Transfer OR Credit Card.**

Authorization for Electronic Funds Transfer or Credit Card for Crossroads Fund Pledge

Return completed form to parish office or mail to: Pax Christi Catholic Community 12100 Pioneer Trail, Eden Prairie, MN 55347

I/we hereby authorize Pax Christi Catholic Community to initiate debit entries to my/our checking or savings account as indicated below, and my/our financial institution named below to debit same to such account until the gift end date.



Bank Name: _____ **Account Number:** _____ ***Attach a voided check***

\$ _____ on the 5th day of each month **AND/OR** \$ _____ on the 20th day of each month

Gift Start Date: _____

Visa MasterCard American Express Discover (circle one) Weekly Monthly One-Time

Card #: _____ **Expiration Date:** _____

Signature: X _____ **Date:** _____