

Compassion Corner

Contact Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Pledge Information

I/We would like to support the Campaign for Compassion Corner in the amount of _____. I/We would like my/our gift to support:

Additional Gift Details:

Pledge Payment

A: One-Time Gift made on Date _____

B: Pledge Payment Schedule *(may be fulfilled over a 3-year period)*

Year 1 Payment \$ _____ on Date _____

Year 2 Payment \$ _____ on Date _____

Year 3 Payment \$ _____ on Date _____

Anticipated Payment Method

Cash/Check Credit Card ACH Donor Advised Fund Stock Other: _____

Recognition

You may list my/our name within the appropriate dollar range of gifts.

Name as it should appear in recognition: _____

I/we wish to be anonymous.



Signature *(please note, a signature is needed for all pledges)*

Date

Return this form to Bethany Young at byoung@ccpgh.org or mail it to:

Catholic Charities, Diocese of Pittsburgh
Attn: Compassion Corner
212 Ninth Street,
Pittsburgh, PA 15222