

**Please support the Annual Appeal.** By answering God's call and giving a financial gift, you touch thousands of lives in Northeast Nebraska through programs that teach, heal, support, nurture and feed.



ARCHDIOCESE of OMAHA

## 2009 ANNUAL APPEAL INTENTION CARD

This card will be kept on file at the Archdiocese of Omaha.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

PARISH \_\_\_\_\_

NEW ADDRESS? IF SO, PLEASE LIST OLD ADDRESS: \_\_\_\_\_

### FINANCIAL INTENTION

#### 1. Intention Amount

Yes, in thanksgiving for God's many blessings, we/I intend to make the following financial commitment to fund the ministries of the Archdiocese during the coming year.

My/Our TOTAL gift is \$ \_\_\_\_\_.

#### Select Your Payment Schedule:

- Monthly (10 Payments)    Quarterly  
 Semi-Annually    One-Time Gift

#### 2. Method of Payment

Amount enclosed: \$ \_\_\_\_\_

Make checks payable to *Annual Appeal*.

Remaining Balance Due: \$ \_\_\_\_\_

#### To be paid by:

- Check (*please send reminders*)    Credit Card    Bank Account

#### GIFT GUIDELINE: 1% of Gross Income\*

Income	1% Gift	10 Monthly Payments
\$ 10,000	\$100	\$10
\$ 25,000	\$250	\$25
\$ 40,000	\$400	\$40
\$ 50,000	\$500	\$50
\$ 80,000	\$800	\$80

\*THE U.S. BISHOPS OUTLINE THE FOLLOWING GIVING GUIDELINES:  
5% TO PARISH, 4% TO OTHER CHARITIES AND 1% TO DIOCESE.

### METHOD OF PAYMENT

#### 3. CREDIT CARD — Auto Payment Option

Yes, to complete my gift, I hereby authorize the Archdiocese of Omaha to establish automatic payments of \$ \_\_\_\_\_ from my **credit card**:    Master Card    Visa    Discover

Signature(s): \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

EXP. DATE \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Day of month debits to be posted (select one)  5th    20th

OR

#### 4. BANK ACCOUNT — Auto Payment Option

Yes, to complete my gift, I hereby authorize the Archdiocese of Omaha to establish automatic payments of \$ \_\_\_\_\_ from my **bank account**:    Checking Account    Savings Account

Signature(s): \_\_\_\_\_

Branch: \_\_\_\_\_

Account Number: \_\_\_\_\_

#### YOU MUST INCLUDE A VOIDED CHECK

Day of month debits to be posted (select one)  5th    20th

- YES, please tell me how to remember the Church in my estate.

Would you like to make a gift online? Go to [www.archomaha.org](http://www.archomaha.org). Reminders will be sent beginning January 2010. All contributions to be completed by October 2010.

*If you have any questions, please call 402.554.8493 or email [annualappeal@archomaha.org](mailto:annualappeal@archomaha.org).*

PLEASE RETURN COMPLETED INTENTION FORMS TO THE CHANCERY, 100 NORTH 62ND STREET, OMAHA, NE 68132