

Gift Donation Form

Debt Elimination Pledge Card

Suggested Pledge Amount:

- \$ 20,000 \$ 15,000 \$ 10,000 \$ 5000
- \$ 3000 Other _____

Please Accept My Debt Elimination Campaign Pledge of \$_____.

Down Payment \$ _____.

- One Time Payment Payable over 1 Year
- Payable over 3 Years Payable over 4 years

___ Monthly ___ Quarterly ___ Annually

Please send payment reminders beginning : ____/____/____

Payment Method:

Check enclosed. Please make check payable to St. Basil the Great Debt Free Campaign

Securities/Assets Transfer. Please contact the Church Office.

My/Our gift will be matched by:

Personal Information:

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ e-mail: _____

Pledges are not legally binding, but a willingness to try.

Payments are tax deductible.

Thank you for your generous gift !

CAN I AFFORD TO GIVE? 

Gift Donation Form

Debt Elimination Pledge Card

Suggested Pledge Amount:

- \$ 20,000 \$ 15,000 \$ 10,000 \$ 5000
- \$ 3000 Other _____

Please Accept My Debt Elimination Campaign Pledge of \$_____.

Down Payment \$ _____.

- One Time Payment Payable over 1 Year
- Payable over 3 Years Payable over 4 years

___ Monthly ___ Quarterly ___ Annually

Please send payment reminders beginning : ____/____/____

Payment Method:

Check enclosed. Please make check payable to St. Basil the Great Debt Free Campaign

Securities/Assets Transfer. Please contact the Church Office.

My/Our gift will be matched by:

Personal Information:

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ e-mail: _____

Pledges are not legally binding, but a willingness to try.

Payments are tax deductible.

Thank you for your generous gift !

CAN I AFFORD TO GIVE? 

Gift Donation Form

Debt Elimination Pledge Card

Suggested Pledge Amount:

- \$ 20,000 \$ 15,000 \$ 10,000 \$ 5000
- \$ 3000 Other _____

Please Accept My Debt Elimination Campaign Pledge of \$_____.

Down Payment \$ _____.

- One Time Payment Payable over 1 Year
- Payable over 3 Years Payable over 4 years

___ Monthly ___ Quarterly ___ Annually

Please send payment reminders beginning : ____/____/____

Payment Method:

Check enclosed. Please make check payable to St. Basil the Great Debt Free Campaign

Securities/Assets Transfer. Please contact the Church Office.

My/Our gift will be matched by:

Personal Information:

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ e-mail: _____

Pledges are not legally binding, but a willingness to try.

Payments are tax deductible.

Thank you for your generous gift !

CAN I AFFORD TO GIVE? 

Gift Planner

Can I afford to give?

| Total Pledge | Annually | Monthly (approx.) | Daily | My Daily Sacrifice Equals |
|--------------------|----------|-------------------|---------|---------------------------|
| \$20,000 (4 years) | \$5000 | \$ 416 | \$14 | One Pizza Pie |
| \$15,000 (4 years) | \$3750 | \$ 312.50 | \$10.50 | One Movie Ticket |
| \$10,000 (4 years) | \$2500 | \$208 | \$7 | Lunch Out Daily |
| \$3,000 (3 years) | \$1000 | \$83 | \$2.78 | Soft drink & pretzel |



PO Box 637
2300 Kimberton Road
Kimberton, PA 19442-0637

Telephone: 610-933-2110
Fax: 610-933-0627

www.stbasils.org

Gift Planner

Can I afford to give?

| Total Pledge | Annually | Monthly (approx.) | Daily | My Daily Sacrifice Equals |
|--------------------|----------|-------------------|---------|---------------------------|
| \$20,000 (4 years) | \$5000 | \$ 416 | \$14 | One Pizza Pie |
| \$15,000 (4 years) | \$3750 | \$ 312.50 | \$10.50 | One Movie Ticket |
| \$10,000 (4 years) | \$2500 | \$208 | \$7 | Lunch Out Daily |
| \$3,000 (3 years) | \$1000 | \$83 | \$2.78 | Soft drink & pretzel |



PO Box 637
2300 Kimberton Road
Kimberton, PA 19442-0637

Telephone: 610-933-2110
Fax: 610-933-0627

www.stbasils.org

Gift Planner

Can I afford to give?

| Total Pledge | Annually | Monthly (approx.) | Daily | My Daily Sacrifice Equals |
|--------------------|----------|-------------------|---------|---------------------------|
| \$20,000 (4 years) | \$5000 | \$ 416 | \$14 | One Pizza Pie |
| \$15,000 (4 years) | \$3750 | \$ 312.50 | \$10.50 | One Movie Ticket |
| \$10,000 (4 years) | \$2500 | \$208 | \$7 | Lunch Out Daily |
| \$3,000 (3 years) | \$1000 | \$83 | \$2.78 | Soft drink & pretzel |



PO Box 637
2300 Kimberton Road
Kimberton, PA 19442-0637

Telephone: 610-933-2110
Fax: 610-933-0627

www.stbasils.org