

Please support the Archbishop's Annual Appeal. By answering God's call with your prayers and making a financial gift, you touch thousands of lives in northeast Nebraska through programs that teach, heal, support, nurture and feed.



ARCHDIOCESE of OMAHA

2011 ARCHBISHOP'S ANNUAL APPEAL INTENTION CARD

NAME	PARISH	
HOME ADDRESS		
CITY	STATE	ZIP
PHONE	E-MAIL	
NEW ADDRESS? IF SO, PLEASE LIST OLD ADDRESS:		THIS CARD WILL BE KEPT ON FILE AT THE ARCHDIOCESE OF OMAHA.

FINANCIAL INTENTION **YES...** *In thanksgiving for God's many blessings, I/we intend to make the following financial commitment to fund the ministries of the Archdiocese during the coming year.*

PRAYER INTENTION **YES...** *I/we will pray for the our Archbishop, priests, deacons, consecrated men and women, for vocations, and for our parishes, schools and apostolates of the Archdiocese of Omaha.*

GIFTING OPTION ONE

One-time or scheduled payments to be made over time in 2012. All contributions to be completed by October 2012.

My/Our TOTAL gift is: \$ _____

Amount enclosed now: \$ _____

(Make checks payable to Archbishop's Annual Appeal)

Remaining balance due: \$ _____

Select Payment Schedule for remaining balance:

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

Three Payment Options:

- Personal Check Credit Card Bank Account

(If paying by check, you will be sent reminders)

GIFTING OPTION TWO

Recurring Annual Gift. Recurring monthly payments, January through December. Your gift will automatically renew for future Archbishop's Annual Appeals. You may cancel or change your contribution at any time.

My/Our Recurring MONTHLY gift is: \$ _____

Two Payment Options:

- Credit Card Bank Account

METHODS OF PAYMENT

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: _____ **EXPIRATION DATE** ____ / ____

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

OR

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 debit to be posted (*select one*) 5th 20th

Yes, I would like to remember the Archdiocese in my estate.

WOULD YOU LIKE TO MAKE A GIFT ONLINE?

Go to www.archomaha.org & look for the "Giving" link at the top.

If you have any questions, please call 402.557.5650 or email annualappeal@archomaha.org.

Please return completed intention form to: Archbishop's Annual Appeal, 100 North 62nd Street, Omaha, NE 68132.