

# ANNUAL CATHOLIC APPEAL GIVING OPTIONS

**DONATE ONLINE**  
aca.archstl.org

**CALL 314.792.7680**  
to pledge over the phone



◀ **SCAN TO GIVE**

**TAX ID/EIN: 43-0653244**

## GIFT OF STOCK

Make a gift of stock and include the following info with the transfer order:

- Donor name
- Gift amount: # of shares
- Account name: *Archdiocese of St. Louis*
- Parish/Org/Campaign name: *Annual Catholic Appeal*

DTC: Smith Moore, RBC/Daine Rascher  
DTC Participant # 0235  
Credit account # 89103740

## DONOR-ADVISED FUND/IRA

Use your Donor-Advised Fund or IRA to make a gift. Contact your financial advisor or fund administrator for details.

## ACA PLEDGE CARD

Fill out the pledge card below and return to your parish; mail to 20 Archbishop May Dr, St. Louis, MO 63119; fax to 314.792.7229; or email to [acaoffice@archstl.org](mailto:acaoffice@archstl.org)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_



Give online at [aca.archstl.org](http://aca.archstl.org)

Your gift matters. Thank you for giving to the 2026 Annual Catholic Appeal.

Total Pledge: \$ \_\_\_\_\_ ☐ I'm unable to participate  
Today's Payment: \$ \_\_\_\_\_ ☐ Check ☐ Credit Card  
Pledge Balance: \$ \_\_\_\_\_ ☐ My employer will match my gift. \_\_\_\_\_  
(Company Name)

Make checks payable to the *Annual Catholic Appeal* unless your employer will match your gift.  
Return completed pledge card to your parish or by mail to: *Annual Catholic Appeal, PO Box 66780, St. Louis, MO 63166-6780*

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Email \_\_\_\_\_

### Select one of the following payment plans for your pledge balance:

- (1) ☐ Ten monthly payments: Jul 2026–Apr 2027  
(2) ☐ Four quarterly payments: Jul and Oct 2026, Jan and Apr 2027  
(3) ☐ Three payments: Jul, Oct and Dec 2026  
(5) ☐ Specify payment months: \_\_\_\_\_

### Select payment option (Automatic withdrawals and credit card payments are processed on the 20th of the month):

- (1) ☐ Bill Me ☐ Gift of Stock\* ☐ IRA\* ☐ Donor-Advised Fund\*  
(2) **Automatic Withdrawal:** ☐ Checking ☐ Savings

Bank Name \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Account # \_\_\_\_\_

- (3) **Credit/Debit Card:** ☐ Mastercard ☐ Visa ☐ Discover ☐ American Express

Card # \_\_\_\_\_

Exp Date \_\_\_\_\_ CVV Code \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

### Stewards of the ACA Sustained Giving

You can make ongoing monthly gifts automatically and securely from your bank account or credit card.  
To sign up, please visit [aca.archstl.org](http://aca.archstl.org) and select "recurring gift" when making your online donation.

\*For more information, contact us at  
314.792.7680 or [acaoffice@archstl.org](mailto:acaoffice@archstl.org)

APPEAL COPY