

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)

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