



ST. MARY MAGDALEN PARISH

P. O. Box 1507, Abbeville, LA 70511-1507

337-893-0244

Letter of Intent – Phase II

(PLEASE FILL OUT AND RETURN THIS FORM WITH YOUR GIFT FOR THE CAPITAL CAMPAIGN)

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ e-mail _____

- A three-year pledge totaling \$ _____ Divided into
 _____ Monthly payments _____ Quarterly payments
 _____ Semi-annual payments _____ Annual payments
 _____ Other _____

I will begin paying on my pledge on _____ (month/day/year)

Please accept the first payment of \$ _____ toward my campaign gift.

OR

- A one-time gift
 \$ _____ check enclosed deferred payment date _____

OR

- I will make the same commitment for Phase II that I made in Phase I.
 \$ _____ one time gift - check enclosed
 \$ _____ over 3 years paid in _____ payments of \$ _____ starting _____

- I would like my gift used for any part of the campaign where it is needed. **OR**
 I would like my gift used for _____.

My gift is given in memory of: _____

I/My family will offer prayers for the success of the campaign

My company has a matching gift program: Yes____ No____ Matching Gift Form Attached _____

If a matching gift form is not available, please write employer's name and address below:

____ Please do not publish my name in recognition materials. I/we prefer to remain anonymous.

Signature _____ Date _____

(Please make checks payable to: St. Mary Magdalen Parish Capital Campaign)