

Pledge Form

Name(s):			
Address:			
City:		State:	Zip Code:
Phone:		_ Email:	
In support of "Toward the Ju	bilee: 50 Years of Grace	for the New Evang	gelization" I/We pledge the total
sum of \$	·		
The initial payment of \$ with additional payments over t		e paid on or abou	t
☐ Annua	lly 🗖 Semi-Annuall	y 🗖 Quarterly	☐ Monthly
Signature			Date
Signature			Date
Please use this gi	ft: 🗖 Case Statemen	t 🗖 Operations	Endowment
I/We give NSC Jubilee Camp	aign permission to cha	rge my tax-deduc	tible gift to the credit card noted
	-		_ number of months, totaling a
Campaign gift of \$	·		
MasterCard or Visa Card	#:		Expiration Date:
Signature:			
	· T 111:1 /	() . 1	• 1
	ion I would like my/ou my gift anonymous	r name(s) to be pr	rinted as:
	, ,		
Pledges may be paid by check, credit card or stock donations and are payable to:			
NSC Jubilee Campaign P.O. Box 628			

Locust Grove, VA 22508-0628

Donations are tax-deductible, according to law.