



2018 DIOCESE OF BRIDGEPORT ANNUAL CATHOLIC APPEAL



PLEDGE FORM

Total Pledge	Payment Enclosed	Balance
\$ _____	\$ _____	\$ _____

I wish to support the essential ministries of the Church delivering pastoral care and human services where most needed.

- Add \$10 to my pledge to defray postage costs for the *Fairfield County Catholic*
- American Express Visa MasterCard Discover
- Charge a ONE-TIME gift of \$ _____
- Charge in 5 equal payments Charge in 10 equal payments

Among these ministries are:

- Catholic Education
- Works of Charity and Pastoral Services
- Catechesis and Evangelization
- Clergy and Seminarians

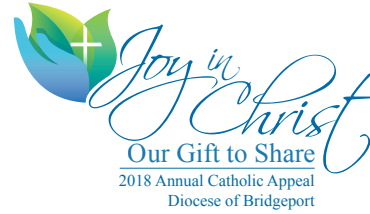
(Please print) Card Number Security Code Exp. Date

Matching Gift: _____ Amount: _____
Insert company name here. See reverse side.

Please send instructions to transfer stock.

Security Name: _____

I have included the Diocese of Bridgeport in my will.



Diocese of Bridgeport • P.O. Box 336 • Kensington, CT 06037-0336 • 2018ACA@diobpt.org • (203) 416-1470 • www.2018ACAbidgeport.com

- Mr. & Mrs. Mr. Mrs. Ms.

Name _____
First Name Middle Initial Last Name

Spouse _____
First Name Middle Initial Last Name

Address _____

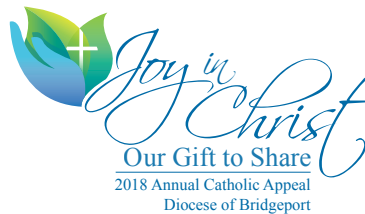
City _____ State _____ Zip _____

E-mail _____ Phone _____ / _____
Home Business

Parish _____
Signature

Please make checks payable to: **ANNUAL CATHOLIC APPEAL**

Mail to:
Diocese of Bridgeport
P.O. Box 336
Kensington, CT 06037-0336



Please pray for: _____

You are invited to share prayer requests and special intentions with Bishop Caggiano. He will remember them in his Masses and prayers.

Sincerely, _____