



PLEDGE PAYMENT FORM

<p>Payment Amount</p> <p>\$ _____</p>

Credit Card Payment

- American Express
 Visa
 MasterCard
 Discover
 Charge a ONE-TIME gift of \$ _____
 Charge in 5 equal payments
 Charge in 10 equal payments

_____ (Please print) Card Number _____ Security Code _____ Exp. Date

Mr. & Mrs.
 Mr.
 Mrs.
 Ms.

Name _____
First Name Middle Initial Last Name

Spouse _____
First Name Middle Initial Last Name

Address _____

City _____ State _____ Zip _____

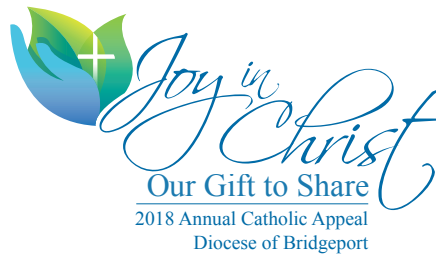
E-mail _____ Phone _____ / _____
Home Business

Parish _____
Signature

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



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



Please pray for: _____

Sincerely, _____