



## 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

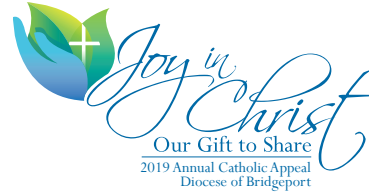
\_\_\_\_\_  
(Please print)   Card Number   Security Code   Exp. Date

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 • 2019ACA@diobpt.org • (203) 416-1470 • www.2019ACAbidgeport.com

Mr. & Mrs.    Mr.    Mrs.    Ms.

Name \_\_\_\_\_  
First Name   Middle Initial   Last Name

Spouse \_\_\_\_\_  
First Name   Middle Initial   Last Name

Address \_\_\_\_\_

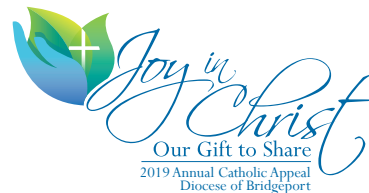
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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, \_\_\_\_\_