



I would like to “share in the journey” of the Sojourner House.

Total Gift or Pledge \$ _____
(If you are making a pledge, please fill out the pledge information)

Payment Enclosed \$ _____

Balance Remaining \$ _____

Name: _____

Address/City/Zip: _____

Phone Number: _____

Email address: _____

Donation/Pledge Card

PLEDGE INFORMATION - Please check the options below that apply to you.

I wish to make a 3 year 2 year 1 year pledge.

Please Bill me monthly semi-annually annually

Automatic Checking Account Payment (see reverse side)

Credit Card Payments (see reverse side)

Gift of Stock/IRA For Information call 608-782-0710 x 226

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Donor Signature: _____

Date: _____

CREDIT CARD PAYMENT

Credit Card donations can be made: (Please check applicable box below.)

- On the web at www.ecsojournerhouse.com. Click the “donate” box and follow the instructions.
- I have made a pledge and have specified my pledge information on the other side of this card. I would like payments to begin on (date) _____ . I understand monthly charges will be made on the 15th of every month. Semi annual charges will be made on 15th of June. Annual charges will be made on the 15th of December.

Complete the following: Master Card Visa Discover

Credit Card Account #: _____

Expiration date _____ Code on back of Card _____

Name as it appears on Credit Card: _____

Billing Address: _____

Your Signature: _____ Date: _____

AUTOMATIC CHECKING ACCOUNT PAYMENT

Automatic Check Payments can be made by filling in the following and including a blank check with VOID written on it.

Bank/Financial Institution

Bank ID #

Your Name

Checking Account #

I authorize withdrawal from my account beginning on _____ (date)

I understand that withdrawals will be made on the 15th of every month, the 15th of June, or the 15th of December depending on the pledge information I have completed on the other side of this card.

Your Signature

Date

If you have questions regarding any of the information on this card please contact:

Catholic Charities Development Office
PO Box 266, La Crosse, WI 54602-0266
www.ecsojournerhouse.com or www.cclse.org
608-782-0710 or 1-888-212-4357