

Name _____
Street _____
City _____
State and zip _____
Cell _____
Parish _____



ONE IN HOPE, ONE IN MISSION ANNUAL DIOCESAN APPEAL

Please consider a total commitment of: \$200 Other: \$ _____

Amount enclosed: \$ _____ Please bill me: Monthly Quarterly

Payment type: Cash Credit card Check number _____ payable to *Annual Diocesan Appeal*

Use your credit card, debit card, or checking account to securely give below, online at doy.org/appeal, or by calling 330-744-8451 ext. 324

Name as it appears on card: _____ Card number: _____

Expiration date: _____/_____/_____ CV code: _____ Visa MasterCard Discover American Express