

Please make your check payable to:

OLA Capital Campaign Extension

Name: _____

Address: _____

City/St/Zip: _____

Phone: _____

Email: _____

Envelope #: _____

I/We pledge to the Campaign as follows:

Amount of Pledge/Donation: \$ _____

Down Payment: \$ _____

Balance: \$ _____

I/We prefer to pay the balance:

___ Monthly ___ Quarterly ___ Semi-Annually

Over a period of 1 year.

Signature _____

Suggested Memorial Gift Plans

Capital Pledge	10% Down Payment	2 Annual Payments	4 Quartely Payments	12 Montly Payments
\$500	\$50	\$225	\$112.50	\$37.50
\$400	\$40	\$180	\$90	\$30
\$300	\$30	\$135	\$67.50	\$22.50
\$250	\$25	\$112.50	\$56.25	\$18.75
\$200	\$20	\$90	\$45	\$15
\$100	\$10	\$45	\$22.50	\$7.50

___\$500	___\$400	___\$300
___\$250	___\$200	___\$100
___\$Other		

Other

Please Remember:

- Pledges and one-time donations are welcomed and appreciated
- Payment Reminders and an envelope will be mailed to you in accordance with your payment plan
- All contributions are deductible for tax purposes.
- Any Questions? Call Deacon Phil at 631-842-5211 ext. 29.