

**Guardian Angels Central Catholic** 

## CAPITAL CAMPAIGN

## TO DONATE:

- 1. Fill out and print the **Donation Commitment Card**
- 2. Make checks payable to: GACC Capital Campaign
- 3. Send your commitment card and check to:

St. Mary's Rectory Attn: GACC Capital Campaign 343 N. Monitor St. West Point, NE 68788

Donations may be spread out over 5 years. Automatic/ACH forms are available **here**, and may be sent in with your Donation Commitment Card. We will mail you a receipt for your check and **tax-deductible contribution**.



Name:			
Address:			
City, State, Zip:			
Commitment:			
2024	🔲 Lump sum		
2025	🔲 Annual		
2026	Semi-annual		
2027	Quarterly		
2028	Monthly		
Total Commitment:			

## **Donor Signature**

Date

Make checks payable to: GACC Capital Campaign

Donations may be mailed to or dropped off at:

St. Mary's Rectory Attn: GACC Capital Campaign 343 N Monitor St. West Point, NE 68788 For automatic withdrawal, fill out this **ACH form** and send it with this Donation Commitment Card.

A receipt will be mailed to you for your check and **tax-deductible contribution**.

Guardian Angels Central Catholic is a qualified Nebraska Non-Profit 501 (c)(3) Corporation. You did not receive any goods or services in exchange for your contribution. Federal EIN: 47-0481878



## **DEBIT AUTHORIZATION**

I (we) hereby authorize Guardian Angels Central Catholic Capital Campaign, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the provisions of the US law.

Amount of Debit:		Start Date:	
Total Commitment:		Effective Date:	
Frequency:			
Annual	Semi-annual	Quarterly	Monthly
This authority is to rem	ain in full force and effect ur	ntil COMPANY has received writt	ten notification from me (or

ect until COMPANY has re either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print Individual Name	Signature	Date
PLEASE ATTACH COPY OF A VOIDE	D CHECK TO THIS FORM.	
	Attach Check Here	
	Below is for Office Use	e Only.
F&M Bank	204 N <i>N</i>	ain St, West Point, NE 68788
Bank Name	Bank Add	ress
104901513		
Routing Number	Account	lumber

Account Number