



Pledge Form

I wish to support the mission and vision of the Cathedral of the Immaculate Conception and Immaculate Conception Cathedral School.

My/Our pledge of \$_____ is payable in the following way:

- Pledge to be paid over (check one):
 1 year 2 years 3 years 4 years 5 years
- I would like to be invoiced (Check one):
 Annually beginning on the 1st of ____/____ (mo/yr)
 Quarterly (We will invoice on the 1st of January, April, July, October.)
 Monthly...
 - Credit Card # _____ Exp ____ / ____ Security Code _____
We proudly accept Visa, Mastercard, American Express and Discover. (Billed on the 15th of each month)
 - ACH Bank Draft (*Check one*) 5th or 20th (*Please attach voided check*)
- In addition to my personal gift, this donation will be matched by the following organization _____ . The appropriate forms will be sent to Immaculate Conception's Office of Advancement.

Signature _____ Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ E-Mail _____

I/we would like to select the following naming opportunity _____

Name as you would like it to appear _____

Please mail or deliver your pledge form to Office of Advancement, 1695 Central Avenue, Memphis, TN 38104. Donations to the Cathedral of the Immaculate Conception and Immaculate Conception Cathedral School are tax-deductible to the extent provided by law. If you have questions about your gift, please contact June LaPorta at (901) 435-5345 or june.laporta@ic.cdom.org.

Thank You!