

Our Commitment in Faith

I/We wish to help shape the future of St. Mary of Mount Carmel Catholic Church by providing the following for the **Our PARISH - Our FUTURE** Capital Campaign for Campus Improvements.

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

A financial commitment can be made by filling out this form or using the QR code to the right for on-line gifts.

Frequency of Gift: ☐ This is a One-time Gift

☐ This is a Monthly Gift ☐ For how many months

☐ This is an Annual Gift ☐ For how many Years

Total Gift: TOTAL GIFT: \$ _____

NOW ENCLOSED: \$ _____
(please consider a 10% initial payment)

LEAVING A BALANCE OF: \$ _____



GIFTING

I/We plan to offer our commitment (please check one): ☐ Weekly ☐ Monthly ☐ Annually

☐ I/We wish to arrange for automatic payment of my/our contribution. An Electronic Funds Transfer agreement (EFT) is attached.

☐ I wish to remain anonymous and not be included in donor recognition programs.

Signature: _____ Date: _____

Signature: _____ Date: _____

- Your commitment is a declaration of intention and is not legally binding.
- Your contribution may or may not be tax deductible. Please consult with your financial planner and/or tax advisor.
- Make checks payable to: **St. Mary of Mount Carmel Catholic Church** and write **Our Parish – Our Future** in the memo portion.
- Please complete this commitment form and return it in the envelope provided or use the above QR code for your gift.
- Kindly respond to this request by October 15, 2025. Thank you.

Thank you for your financial commitment for the Vision of St. Mary of Mount Carmel Catholic Church and School and for your desire to assist as indicated.

Electronic Funds Transfer (EFT)

It is possible to have your capital campaign contributions to St. Mary of Mount Carmel Catholic Church offered electronically. Please fill out this form, sign and date, and attach a voided check or a blank savings deposit slip and put both documents in the CONFIDENTIAL envelope with your commitment form. Thank you!

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Contribution

One-Time / Monthly / Yearly

Start Date (if not a One-time gift)

Frequency (circle one)

\$ _____

____/____/____

Monthly (18th)

Yearly _____ 5th (indicate month)

I authorize St. Mary of Mount Carmel Catholic Church in Long Prairie, Minnesota to initiate entries to my checking/savings account. This authority will remain in effect until I notify St. Mary of Mount Carmel Catholic Church in writing to cancel it. This cancellation time must be sufficient to allow the bank a reasonable opportunity to act on it. I can stop payment of any entry by notifying my bank three days before my account is to be charged. I can have the amount of an erroneous charge immediately credited to my account up to 60 days after posting. Proof of payment will appear on my bank statement.

Name of Financial Institution: _____

Address of Financial Institution: _____

__Checking __Savings Account Number: _____

Financial Institution Routing Number: _____

Account Name Signature: _____ Date: _____

Account Name Signature: _____ Date: _____

Please attach a voided check or a blank savings deposit slip.

Thank you!