

Our Lady of Mount Carmel Church Pipe Organ Campaign

FUNDS TO BE USED TO PURCHASE A NEW PIPE ORGAN FOR MOUNT CARMEL CHURCH

Name _____

Address _____

Telephone _____

THE PLEDGE MAY BE PAID OVER A THREE YEAR PERIOD

	Pledge Amount	Total Pledge	Amount Paid	Indicate Choice
1.	\$600			<input type="checkbox"/>
2.	\$900			<input type="checkbox"/>
3.	\$1,200			<input type="checkbox"/>
4.	\$1,500			<input type="checkbox"/>
5.	Undesignated	\$ _____		<input type="checkbox"/>

For a fully paid pledge of \$1,500 or more, name will be placed on a Memorial Plaque. Pledge payments can be made at least quarterly.

In Memory of _____

If you would like to speak with Father Frank concerning your pledge, please call the Parish Office at 814-942-8501 to make an appointment.

I pledge to contribute the amount indicated above to Our Lady of Mount Carmel Church for the Pipe Organ Campaign.

Signature _____

Please use the envelope provided. More are available at the Parish Office or in the Church/Chapel. If you use a blank envelope, please mark it "Pipe Organ Campaign." You may drop off pledge or payments at the Parish Office or place the envelope in the collection basket at Mass. Thank you.