Please complete the pleage card and return it to the address indicated on the form.

Alternatively, you may place your completed pledge card in the Sunday collection.

FSA FSA	∆ Annual Appea	ıl Pledge Form	YES, I would like to support FSA's Annual Appeal
Please return this form to: Friends of St. Agatha: 1430 SE Nehalem St. • Portland, OR 97202		-	☐ I will become a Monthly Contributor to FSA I pledge to make a monthly contribution to FSA in the amount of: ○ \$100 ○ \$50 ○ \$40 ○ \$30 ○ \$20 ○ Other
Name			Enclosed is \$ representing my first contribution. I understand I will be billed as required for the remainder of my pledge.
Address			☐ I will make a One-Time Contribution to FSA
City	State	Zip	Enclosed is my check to the Friends of St. Agatha for \$
Phone		Email	☐ I wish to remain anonymous.
Signature			Credit Card Contributions. Contributions may be made by credit card online at: www.friendsofstagatha.org
Every gift is imp	portant. No gift is too sma	II.	All gifts to FSA are fully tax-deductible.