



DONOR INFORMATION

Name(s): _____ Address: _____

City: _____ State: _____ Zip: _____ Preferred Phone: _____

Email: _____ Parish Name: _____

PLEASE FILL OUT THE DONOR INTENTION FORM (FRONT & BACK), SIGN AND RETURN IN THE ENCLOSED ENVELOPE.

**I/WE WOULD LIKE TO MAKE THE FOLLOWING CONTRIBUTION TO THE
VISION FOR THE FUTURE - MISSION FOR TODAY CAMPAIGN
BY JOINING THE CEDAR OF LEBANON SOCIETY AT THE CIRCLE LEVEL INDICATED BELOW.**

\$1,000,000 + Circle of Our Lady of Lebanon	\$25,000 – \$49,999 Circle of Sponsors
\$500,000 – \$999,999 Circle of Angels	\$10,000 – \$24,999 Circle of Supporters
\$100,000 – \$499,999 Circle of Patrons	\$5,000 – \$9,999 Circle of Contributors
\$50,000 – \$99,999 Circle of Benefactors	\$2,000 – \$4,999 Circle of Helpers
	Any Gift up to \$1,999 Circle of Friends

“After prayerful thought about the size of our gift; when we do not find ourselves making excuses for its size; when we know in our hearts it is sacrificial; when we are completely honest with God and ourselves; then we know our gift is the correct amount.”

– Bishop Eugene Gerber – 2012 International Catholic Stewardship Conference

CAMPAIGN COMMITMENT

Total Gift Amount: \$ _____ Initial Payment: \$ _____

(Please consider giving 10% initially)

Pledge Balance: \$ _____

TIMING OF GIFT

I/We intend to pay the balance as follows: Monthly Quarterly Semi-annually Annually

Date of first payment: _____ Installment Amounts: \$ _____



METHOD OF PAYMENT

- Check (make payable to the **Maronite Catholic Foundation**) Credit Card (see next section) Stocks/Securities*
- IRA Charitable Distribution* Life Insurance* Estate Bequest* Real Estate Gift*
- Other *: _____

*** The Eparchy Finance Office will contact you for additional information.**

CREDIT CARD INFORMATION

- I authorize a one-time charge to my credit card in the amount of \$: _____
- I authorize a recurring charge to my credit card based on the payment schedule I selected.
- American Express MasterCard VISA Discover
- Account Number: _____ Name on card: _____
- Expiration date: ____ / ____ CVV/CVC Code _____
- Please charge my credit card an additional 3% to offset the processing fee.**

SIGNATURE

Signature: _____ Date: _____

- Donation Made: In Memory of (For Deceased) In Honor of (For Living)
- Please print your name or the tribute as you would like it to appear in any campaign recognition materials:

(John Smith, John and Jane Smith, Mr.& Mrs. Smith, Smith Family, ABC Business, Anonymous)

- I/We would like my/our gift to remain anonymous.

“ Thank you in advance for your thoughtful giving and support of our Maronite community.
Please know I hold each of you in my prayers.”

– Most Reverend A. Elias Zaidan, Bishop of the Eparchy of Our Lady of Lebanon of Los Angeles