



St. Michael the Archangel 2018 Year End Appeal

Name _____
Address _____
Phone _____

Please make checks payable to:
St. Michael the Archangel Parish

I / We will make a gift as follows:

_____ Facilities Fund	Total Gift	\$ _____
_____ Parish Foundation	Payment Enclosed	\$ _____
_____ School Foundation	Balance Due	\$ _____

I/We would like to pay this gift in _____ monthly installments.

Thank you for your commitment to our parish.

Signature

Please place in the Sunday Collection basket or return to the Parish Office. Thank you for your support!