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and help support the ministries of the Archdiocese.

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Please complete and mail this form to:

Archbishop's Annual Appeal

467 Bloomfield Avenue

Bloomfield, CT 06002

1-800-781-2550

Total Gift: \$ _____

Amount Enclosed: \$ _____

Balance: \$ _____

Gift

5 Monthly Payments

\$2,500

\$500 per month

\$1,000

\$200 per month

\$500

\$100 per month

\$250

\$50 per month

\$150

\$30 per month

\$ _____

\$ _____

Please check one and fill in completely

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Please charge my credit card for \$ _____.

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Expiration Date: (mm/yy) ____ / ____ / ____ CSV ____

Cardholder Signature: _____

(I understand my credit card will be charged this **ONE** time **ONLY** for the amount indicated above.)



- Yes**, please send me information about ways to include the Archbishop's Annual Appeal in my will.
- Matching Gifts**, please complete the above form and contact your employer for information.
- Securities**, please complete the above form and contact Arlyn Page at 860-541-6491.
- Please do not publish my name on any Appeal literature.**

Thank you for your contribution to the 2024 Archbishop's Annual Appeal!

Gifts are Tax Deductible to the Full Extent of the Law

