## **Donor Gift Commitment**

Name(s)		
Home Address		
City	State	Zip
Home Phone	Mobile Pho	one
Email	<u></u>	
I (we) would like to support Christ the I	King with a pledge c	ommitment of:
<b>\$</b> Amount	Enclosed: \$	
Remaining Balance: \$ to be	e paid as follows:	
☐ Cash/Check ☐ Credit Card  Note:		rd 🗌 Visa 📗 American Express
	Card Number:	
	Billing Zip:	CVS:
Payments will be made as follows:	Expires:	Signature:
□ monthly    □ quarterly    □ semi-anr  For: 1 year    □ 2 years    □ 3 years   □		
Automatic Credit Card Payment- <b>Mont</b> l	hly Only- processed be	etween the 15 <sup>th</sup> and 17 <sup>th</sup> of each month
Signature		Date
☐ Mv aift will be matched bv		Company/Foundation

Thank you for supporting Christ the King Passionist Retreat Center

Please send completed form and payment(s) to: Development Office, Christ the King
6520 Van Maren Lane, Citrus Heights, CA 95621

Please contact us at (916) 725-4720, ext.302 with questions.

Gifts to CTK are tax-deductible to the fullest extent of the law, as no goods or services are provided in consideration of a gift. Christ the King Passionist Retreat Center is a 501 (c) (3) public charity. Our Tax ID # is 94-1294938