



**For internal processing use only**  
Arch ID #:

**Campaign Commitment Form**

For the Glory of God and the mission of the Catholic Church, we are making a gift to the *Open Our Hearts in Welcome* campaign as follows:

I/we intend to make the following commitment:

Amount: \$ \_\_\_\_\_

Payment Form: Cash/Check | Credit/Debit | Stock | ACH

Commitment Period: \_\_\_\_\_ months/years

Frequency of Payment: One-time | Monthly | Quarterly | Semi-annual | Annual

Date to begin (if applicable): \_\_\_\_\_

Please make checks payable to: **Open Our Hearts In Welcome**

**Memo Line: St. James AH**

Parish Name: St. James Parish

City: Arlington Heights

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

\*If paying by credit or debit card, please complete the back of this form with your card information.

*Please refer to the back of this document for a disclaimer.*



**Credit/Debit Payment Information**

Name on Card: \_\_\_\_\_ Type:  Visa  MC  Amex

Card #: \_\_\_\_\_ Exp. \_\_\_\_\_ CVC. \_\_\_\_\_  
: \_\_\_\_\_ : \_\_\_\_\_

Email address: \_\_\_\_\_

You will receive instructions for other payment options, including automatic bank withdrawal, with your pledge reminders.

Note any special instructions regarding this pledge: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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***Disclaimer***

This Commitment Form is not a legally binding document. If your circumstances change or you have further questions, please contact the St. James Parish Office at (224) 345-7200.

Please mail completed form to:  
**TTWCI Processing Center**  
**P.O Box 7256**  
**Kensington, CT 06037-7256**