

# Campaign Response Card

Amount pledged \$ \_\_\_\_\_

Amount paid herein \$ \_\_\_\_\_

Balance \$ \_\_\_\_\_

To be paid over a period of 1 2 3 years  
(circle one)

Beginning \_\_\_\_\_ 20 \_\_\_\_\_  
(month) (year)

To be given:  monthly  quarterly  
 semi-annually  annually

Please make all checks payable to:  
"Darkness Into Day: ECF"

*All gifts are tax-deductible to the fullest extent of the law.*

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Parish Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I wish to designate my gift: \_\_\_\_\_

I would like more information about the campaign. Please call me.