

Please check one: ☐ Mr. and Mrs. ☐ Mr. ☐ Mrs. ☐ Ms. PLEASE PRINT BELOW:

First name Spouse name Last name

Address City State Zip

Phone Email

Please credit my gift to (Parish Name and City)

Ways to Give

IRA Distribution, RMD, Appreciated Stock

Check/Cash

Give Online: owensborodiocese.org/give-disciples-response-fund

Scan the QR Code

Mail your gift: Fill out your credit card information on the back



Please remit to: Disciples Response Fund Appeal, McRaith Catholic Center, 600 Locust St, Owensboro, KY 42301
If you need assistance, please call Valeria Vessels at 270-852-8348 or email valeria.vessels@pastoral.org.

Diocese of Owensboro • Disciples Response Fund 2026-2027 ANNUAL APPEAL

Suggested Pledge

10 Monthly Payments

St. Stephen Society

- ☐ \$1,440.00 \$144.00
☐ \$1,200.00 \$120.00

Circle of Compassion

- ☐ \$840.00 \$84.00

Circle of Mercy

- ☐ \$600.00 \$60.00

Circle of Grace

- ☐ \$420.00 \$42.00
☐ \$240.00 \$24.00

Other Gifts

- ☐ \$120.00 \$12.00
☐ Other \$_____

Total Amount Pledged

\$_____

Amount Enclosed

\$_____

Balance to be Paid

\$_____

Payment Terms

- ☐ One Time Pledge
☐ 10 Monthly Payments



DID YOU KNOW?

Other ways you can give to the DRF with **Stocks, IRA, Required Minimum Distribution (RMD) & Memorial Gift.**

For assistance, contact:

Valeria Vessels

Director of Stewardship & Development

270-852-8348 ● valeria.vessels@pastoral.org

Credit Card Information

☐ Visa ☐ MasterCard ☐ Discover ☐ Amex

Credit Card Number:

Expiration Date: _____

Print name as it appears on card

Signature

Please notice your pledge card is on the reverse side of this card.

Have you remembered the Church in your will or estate plan?

☐ Yes ☐ Please send me information

☐ I would like more information on a charitable gift annuity. This investment gift pays a high rate of return and has several generous tax deductions.

You must be 65 or older and make a minimum \$5,000 investment. At your death, the money supports your parish, a school, or a ministry of the Catholic Church.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Birthdate _____