

SHARE YOUR TREASURE

St. Mary Catholic Community

Parish Support

July 1, 2005 - June 30, 2006

Please complete this form and place in the collection box or mail to the Parish Office, P.O. Box 70, De Pere, WI 54115-0070.

1. **Sacrificial Giving** - a percentage of your income to your parish per year.

_____ I/We choose **Sacrificial Giving** at _____ of income.

Annual Income	Sacrificial Giving Rates			
	2%	3%	4%	5%
\$15,000	300	450	600	750
\$20,000	400	600	800	1000
\$25,000	500	750	1000	1250
\$35,000	700	1050	1400	1750
\$45,000	900	1350	1800	2250
\$60,000	1200	1800	2400	3000
\$75,000	1500	2250	3000	3750
\$100,000	2000	3000	4000	5000

2. **Established Guidelines** - for those not choosing Sacrificial Giving.

Parish Unit is \$19.00 per week = \$988.00 per year.

_____ I/We choose the **Established Guidelines** at _____ per week.

3. We are a **Notre Dame Family** and have signed a pledge agreement previously.

_____ I/We have signed a pledge agreement previously.

I/We plan to give \$ _____ per _____ week/month/quarter
which amounts to \$ _____ per year.

Name _____ Phone _____.

Address _____.

If we do not hear from you, we will assume that your rate of giving will be at the
Established Guidelines of \$19.00 per week.