

SUBSTITUTE PLEDGE PAYMENT FORM
ANNUAL CATHOLIC APPEAL Date Submitted: _____

Use ONLY if: **1. Pledge Card has already been filled out and sent in;** **OR 2. The donation is anonymous**

Parish Name _____ Parish Number _____

Name: _____ ACA # _____

Address _____

City _____ State _____ Zip _____

Phone _____

Payment Type **Cash** **Check #** _____ **Amount** _____

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