

Fr. Bernard Youth Center
PO Box 790 Mt. Angel, OR 97362

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Parish: _____ Signature: _____

Purpose for Donation: General RPM Member Other (describe)

*Please make checks payable to: **Fr. Bernard Youth Center***

Date: _____

Pledge Amount: _____

One Time Monthly

Quarterly Annual

Please send me recurring
payment stubs

Please send a tax Receipt
for each donation I make

Please send only a cumulative
annual tax receipt

Pledge term:

1 YR. 2 Yrs. 3 Yrs.