

3. DONOR INFORMATION

Name(s) _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Mobile Home Work

Email _____

Parish _____

4. PRAYER REQUESTS

You are an important member of our diocesan family of faith. Please include any special prayer intentions for which you would like Bishop Bonnar to pray.

Annual Diocesan Appeal - PO Box 659 - Youngstown, OH 44501-0659

1. YES, I WANT TO SUPPORT THE ANNUAL DIOCESAN APPEAL

- **With a *monthly* gift of:**
 \$50 \$100 \$175 \$250 Other \$ _____
- OR** *Until I choose to stop* *Until December 2024*
- **With a *one-time* gift of:**
 \$250 \$500 \$750 \$1,000 Other \$ _____



←
Make your gift online by scanning the QR Code!
DOY.org/Appeal

*For questions or assistance, please call the Appeal Office at 330-744-8451 x324.
The 2024 Annual Diocesan Appeal ends December 31, 2024.*

2. PAYMENT DETAILS

Total Gift Amount: \$ _____

Amount Enclosed: \$ _____

- I have enclosed a check for the full amount, Chk # _____
(Make checks payable to: Annual Diocesan Appeal)
- I enclosed my first payment of \$ _____, Chk # _____
Please send reminders
 Monthly Quarterly Annually
- I will set-up my gift online using the QR code.