## **ADA ONLINE DONATIONS STEP BY STEP**

- Please fill out a pledge card and select Online option. Return pledge card to your parish office.
- ♦ If you want to make a one-time payment for your ADA pledge, this can be processed on any day. If you plan on scheduling monthly payments, you will have to select either the 5<sup>th</sup> or the 20<sup>th</sup> of each month.
- Our appeal runs from March 2018 to February 2019. Please <u>do not</u> schedule payments beyond February 2019 as they will not count toward your parish's 2018 ADA but will be applied to 2019 ADA.
- ◆ There will be <u>no reminders</u> sent to online donors. Each online donor needs to set up his online donations and keep track of the balance. If you need help please call the Diocese at (309) 671-1550 ext. 7096.





## 2018 Annual Diocesan Appeal

lline Giving		
		View Mobile Site Return to our Home
Giving		Log In In
For payments only.  Pledge cards must still be filled out and Payment period: July - December.  If you've already created a profile, please "Log In" on the Annual Diocesan Appeal  -Total Online Payment: 500.00  Giving Options:  One Time:  Monthly:	•	Email Address:  Password:  Log In  Forgot your Email Address or Password?  Create Your Online Profile  Create Profile
Starting On:  Repeat For:  5 Month(s)  Online Payment:		
Online Payment:  Auto-Debit from checking  Auto-Debit from a debit of		

nline Giving			
			Return to our Home Pa
<b>Giving Information</b>		Giving Summary	
First Name: (required)		Annual Diocesan Appeal	
Last Name: (required)		Total Online Payment	500.00
Address 1: (required)		Giving Start Date:	04/05/18
Address 2:		Total Monthly Annual Diocesan App	neal: \$500.00
City: (required)		Total Monthly Annual Diocesan App	peai: \$500.00
Country:	UNITED STATES - US ▼		
State / Zip: (required)	/	Annual Diocesan Appeal	Payment Plan
Phone Number: (required)		Date	Amount
Email Address: (required)		04/05/18	\$100.00
Parish Name (required)	Choose One  ▼	05/07/18	\$100.00
		06/05/18	\$100.00
Account Type  © Credit/Debit Card  Ch	ecking Savings	07/05/18	\$100.00
Gredit/Debit Card Gr	ecking Savings	08/06/18	\$100.00
VISA Mastercard DISC	VER MISSISSI	Total:	\$500.00
Card Number:		<u>E</u> dit	
Expiration Date:			
Name Of Cardholder:			
Use Same Address As Ab	ove		7
Billing Address 1:		Fill out the rest of the	
Billing Address 2:		information. Make sure you	
Billing City:		select correct parish.	

Here is your payment overview.