

DONOR INFORMATION

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
CELLPHONE _____
BUSINESS PHONE _____
EMAIL _____

SIGNATURE REQUIRED

DATE _____
DONOR NAME(S) PRINT _____

DONOR SIGNATURE(S) _____

RECOGNITION OF YOUR GIFT:

ANONYMOUS
 AS FOLLOWS (NAME(S)):

**PLEASE MAKE CHECKS AND ENDORSED
SECURITIES PAYABLE TO:
ST. MARON CHURCH**

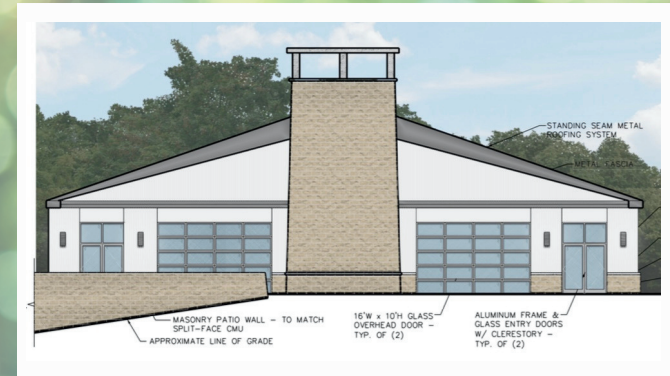
PLEASE DROP YOUR ENVELOPE INTO THE
DONATION BASKET AT CHURCH OR MAIL TO:
SAINT MARON CHURCH
7800 BROOKSIDE ROAD
INDEPENDENCE, OHIO 44131

Thank you for your support



St. Maron Church
SECURE THE LEGACY

A CAMPAIGN FOR OUR FUTURE



YOUR CONTRIBUTIONS ARE
DEDUCTIBLE FOR TAX PURPOSES TO
THE FULL EXTENT PROVIDED BY LAW.

Thank You For Supporting

SAINT MARON CHURCH
OFFICE: 216-781-6161
FAX: 216-781-6162
PARISH@SAINTMARON-CLEV.ORG

ST. MARON VILLAGE
Pavilion

Dearest Parishioners and Friends,

We are excited to announce the campaign for the Pavilion at St. Maron Village in Independence. Our goal is to build an indoor/outdoor Pavilion to be used for gatherings, events and special occasions for family and friends of the parish.

We are asking for your continued support and dedication to make this dream a reality. Your commitment and that of your families' for over the past 100 years has established an everlasting legacy for years to come. We are grateful for your consideration of this campaign and look forward to working with you.

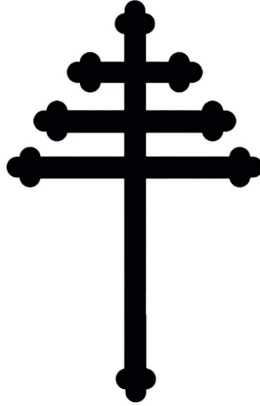
Father Patrick Kassab
Pastor, St. Maron Church

Campaign Co-Chairs:
Judy Ghazoul Hilow
Fares Chamoun

Committee Members:
Joseph Ishac
Antoinetta Koury
Rachel Nin

Secure The Legacy

CONTINUES



**A \$2.5 MILLION CAMPAIGN
TO BUILD A PAVILION AT
ST.MARON VILLAGE IN
INDEPENDENCE**



FOR MORE INFORMATION AND TO
DONATE ONLINE, PLEASE SCAN THE QR
CODE OR GO TO
saintmaron-clev.org/pavilion-campaign/

**DECLARATION OF INTENT
PAVILION CAMPAIGN**

___ I AM/WE ARE PLEASED TO SUPPORT THE
ST. MARON CHURCH PAVILION CAMPAIGN

ONE TIME PAYMENT

___ I/WE EXPECT AND INTEND TO MAKE A
ONE-TIME PAYMENT TO ST. MARON
CHURCH FOR THE PAVILION CAMPAIGN
IN THE AMOUNT OF \$_____

INCREMENTAL PAYMENT

___ I/WE EXPECT AND INTEND TO MAKE A
CONTRIBUTION TO ST. MARON CHURCH
TOWARDS PAVILION CAMPAIGN OVER
A 3 -YEAR PERIOD. FOR A TOTAL OF:
\$_____

BALANCE TO BE PAID AS INDICATED

\$_____ EVERY MONTH FOR NEXT 3 YEARS

\$_____ EVERY QUARTER FOR NEXT 3 YEARS

\$_____ EVERY 6 MONTHS FOR NEXT 3 YEARS

\$_____ EVERY YEAR FOR NEXT 3 YEARS

PLEASE INDICATE PAYMENT OPTION

___ CASH/CHECK
___ MARKETABLE SECURITIES
___ CHECKING ACCOUNT-AUTO WITHDRAW
___ CREDIT CARD-AUTO WITHDRAW

PLANNED GIFTS

WE WISH TO MAKE A PLANNED GIFT IN THE
FOLLOWING AMOUNT: \$_____

- BEQUEST _____
- LIFE INSURANCE_____
- OTHER_____