



1000 W Albany Ave ♦ Peoria IL 61604
309-682-8642 ♦ parish@stphils.com ♦ www.stphils.com

Facility Renewal Campaign 2022

Name(s) _____ Phone _____

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City, State, Zip _____

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Please accept my pledge of \$_____.

- I am paying in full today.
- I will pay online.
- I will make my payment on ____ / ____ / ____
- You have my support, I cannot make a pledge at this time.

Donor Signature

Date