



Electronic Offertory Form

Giving begins January 1, 2019

Name	Email Address
Address	Phone

City	State	ZIP
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	Amount	Giving Frequency	
Sunday Giving	\$	<input type="checkbox"/> Weekly – Each Monday <input type="checkbox"/> Biweekly – 5 th & 20 th	<input type="checkbox"/> Monthly – 5 th or 20 th (circle one)
Imagine the Possibilities Capital Campaign	\$	<input type="checkbox"/> Weekly – Each Monday <input type="checkbox"/> Biweekly – 5 th & 20 th	<input type="checkbox"/> Monthly – 5 th or 20 th (circle one)
Parish Outreach Funds	\$	<input type="checkbox"/> Weekly – Each Monday <input type="checkbox"/> Biweekly – 5 th & 20 th	<input type="checkbox"/> Monthly – 5 th or 20 th (circle one)
Habitat for Humanity	\$	<input type="checkbox"/> Weekly – Each Monday <input type="checkbox"/> Biweekly – 5 th & 20 th	<input type="checkbox"/> Monthly – 5 th or 20 th (circle one)
Loaves & Fishes	\$	<input type="checkbox"/> Weekly – Each Monday <input type="checkbox"/> Biweekly – 5 th & 20 th	<input type="checkbox"/> Monthly – 5 th or 20 th (circle one)
Promise for the Future Capital Improvement Fund	\$	<input type="checkbox"/> Weekly – Each Monday <input type="checkbox"/> Biweekly – 5 th & 20 th	<input type="checkbox"/> Monthly – 5 th or 20 th (circle one)
General Parish Reserves for Parish Operations	\$	<input type="checkbox"/> Weekly – Each Monday <input type="checkbox"/> Biweekly – 5 th & 20 th	<input type="checkbox"/> Monthly – 5 th or 20 th (circle one)
Msgr. Keefe Fund for Student Financial Aid	\$	<input type="checkbox"/> Weekly – Each Monday <input type="checkbox"/> Biweekly – 5 th & 20 th	<input type="checkbox"/> Monthly – 5 th or 20 th (circle one)
Easter	\$	<input type="checkbox"/> Annually – April 28, 2019 (one-time gift)	
Christmas	\$	<input type="checkbox"/> Annually – December 25, 2019 (one-time gift)	

Account Information

- Use existing account information, proceed to signature
- Add/Change account information, complete following section

Automatic Withdrawal (choose one):

- Checking**
- Savings**

ATTACH A VOIDED CHECK HERE

Routing # (9 digits): _____

Acct #: _____

*Credit/Debit Card Payment

- Visa MasterCard Discover

Credit Card Number

Expiration Date

Card Holder Name

Give an additional 3% to offset processing fees?

___Y ___N

PLEASE SIGN & RETURN THIS FORM WITH YOUR STEWARDSHIP CARD

Signature: _____ Date: _____