

ST. ANNE CATHOLIC COMMUNITY E-GIVING

NAME _____ ENVELOPE# _____
PHONE# _____
ADDRESS _____
CITY _____ ZIP _____

You may choose to make changes to or discontinue this church support at any time with a 30-day written notice. Allow 14 days for processing. By completing this form, you authorize St. Anne Catholic Community to debit the specified account for the credit of your church envelope.

Checking Acct # _____
Bottom right corner of the check)
Name of Financial Institution: _____
Bank Routing Number (9 digits) _____
(Bottom left corner of the check)

CREDIT CARD INFORMATION

CARD TYPE: (Please Circle One) Visa MasterCard Discover American Express

16 Digit Account # _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Exp. Date __ __ / __ __ As on card

Billing Address (if different from above)

Address: _____

CITY _____ ZIP _____

Signature _____ Date _____

I agree to pay total amount according to card issuer agreement.

SUNDAY OFFERTORY

Please debit my account in the amount of:
(circle one) \$100 \$75 \$50 \$40 \$35 \$30 \$25 Other:\$ _____

Please circle Frequency: Weekly Monthly Semimonthly on the 1st and 15th

Please include these SPECIAL offerings:

New Year's Day \$ _____ Easter \$ _____ Assumption \$ _____

All Saints Day \$ _____ All Souls Day \$ _____ Thanksgiving Day \$ _____

Immaculate Conception \$ _____ Christmas Day \$ _____

Religious Retirement \$ _____ Emergency Relief \$ _____ (monthly)

All Holy Day debits will be posted on the first Monday following that Holy Day.

Complete the enrollment form and submit it to the parish by mail or in a sealed envelope in the collection. Write "E-Giving" on the front of the envelope and it will be handled safely and securely only by our bookkeeper. If you have any questions you can call Jill Sears at the Parish Office.