

## ELECTRONIC CHURCH-GIVING

Use this enrollment form to indicate the amount you wish to contribute *each month* to the Church. This amount will be automatically deducted from your bank account. Print your name, envelope #, and complete address. (If you do not know your envelope # or do not have one, leave blank.)

Sign and date this enrollment form. Enclose a voided check (this is very important). Indicate amount of your gift and the fund you wish it to be credited to. Choose the date of each month for your donation to be sent. (The deduction will begin on the following month's date chosen.)

*Please Print*

Name \_\_\_\_\_ Envelope # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Offertory/Stewardship monthly offering \$ \_\_\_\_\_

School Support monthly offering \$ \_\_\_\_\_

Building Facilities Upkeep monthly offering \$ \_\_\_\_\_

Choose date for donation to be sent \_\_\_\_\_ 5<sup>th</sup> of month \_\_\_\_\_ 20<sup>th</sup> of month

For any other special collections, you may give check or cash.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If at any time you wish to suspend your participation, simply notify our office, and we will gladly accommodate you. Any questions? **Contact Anne Whelan, Assistant Bookkeeper, at 254-1595 ext. 3074 or [awhelan@ascensioncatholicsch.org](mailto:awhelan@ascensioncatholicsch.org).**

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## CREDIT CARD AUTHORIZATION FORM

*Please Print*

Name \_\_\_\_\_ Envelope # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Choose date for donation to be charged \_\_\_\_\_ 5<sup>th</sup> of month \_\_\_\_\_ 20<sup>th</sup> of month

Offertory/Stewardship monthly offering \$ \_\_\_\_\_

School Support monthly offering \$ \_\_\_\_\_

Building Facilities Upkeep monthly offering \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*We do not keep credit card #s on file. The information below will be destroyed after initial entry.*

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Credit Card # \_\_\_\_\_ Card Type: Visa \_\_\_ MC \_\_\_ Discover \_\_\_ Amex \_\_\_

Expiration Date: \_\_\_\_\_

In order to protect your privacy regarding your credit card information, please drop off the completed form to the parish office in a sealed envelope, attention: **Anne Whelan**. Any questions? **Contact Anne Whelan, Assistant Bookkeeper, at 254-1595 ext. 3074 or [awhelan@ascensioncatholicsch.org](mailto:awhelan@ascensioncatholicsch.org)**