

ST. JOHN OF THE CROSS PARISH

5005 Wolf Road, Western Springs, IL 60558 • (708) 246-4404 • www.stjohnofthecross.org

E-Giving Program – Electronic Tithes and Offerings

St. John of the Cross Parish has some good news to share! Your offertory gifts made through E-Giving Program work harder than ever to support our church. Your gifts will allow our church to reduce administrative costs, plan for future projects with great efficiency, and spend more time on ministry, less on fundraising. E-Giving Program is convenient, as well as safe, secure, and reliable! When you participate in E-Giving Program, your gift will be transferred conveniently each month from either your checking or credit card account directly to St. John of the Cross Parish. A record of each gift will appear on your monthly statement.

As a participant of the program, you are still free to make additional gifts by check or cash as the Lord provides! You may increase, decrease, or suspend your giving at any time through the online donation form at www.stjohnofthecross.org or by contacting the church by phone or mail. All gifts provided to St. John of the Cross Parish as ACH transactions comply with U.S. law.

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

For office use only:
Envelope Number _____

I would like to make a ☐ One-Time ☐ Monthly ☐ Quarterly ☐ Annual gift

Please transfer my gift on the ☐ 10th of the month OR ☐ 25th of the month

Please apply my gift to:

\$ _____ Sunday Offering

\$ _____ Sharing Parish Gift

\$ _____ Support a Student

\$ _____ Our Legacy

\$ _____ Mary Garden Pavers

\$ _____ Livestock for Life

\$ _____ Sr. Anastasia/Keeping Kids Catholic Fund

\$ _____ Parish Maintenance/Landscaping Gift

TOTAL GIFT AMOUNT: \$ _____

I would like to make an additional special One-Time Gift to these funds:

\$ _____ Central/Eastern Europe Special Collection

\$ _____ Easter Flowers for Church

\$ _____ Holy Thursday Caritas Fund

\$ _____ Good Friday Holy Land Collection

\$ _____ Easter

\$ _____ Catholic Charities Special Mother's Day

TOTAL GIFT AMOUNT: \$ _____

Enclosed is a voided check OR my credit card information. Please transfer my gift from my checking or credit card account. I understand my future gifts will be transferred directly from my account. I understand that I may increase, decrease, or suspend my gift any time through the online donation form at www.stjohnofthecross.org or by contacting the church by phone or mail. All gifts provided to St. John of the Cross Parish as ACH transactions comply with U.S. law.

Credit Card Number _____

Expiration Date ____/____



Signature _____ (Required) Date _____

KEEP THIS PORTION FOR YOUR RECORDS You may increase, decrease, or suspend your gift any time through the online donation form at www.stjohnofthecross.org or by contacting the church by phone or mail. All gifts provided to St. John of the Cross Parish as ACH transactions comply with U.S. law.

Use this portion of the form to indicate the amount of your gift from your checking/credit card account to St. John of the Cross Parish.

Gift: \$ _____ ☐ One-Time Gift ☐ Monthly Gift ☐ Quarterly Gift ☐ Annual Gift

On the ☐ 10th of the month ☐ 25th of the month **Apply my gift to:** _____ (fill in the blank)