



THE CATHOLIC COMMUNITY OF ST. VINCENT DE PAUL

14673 Cantova Way, Rancho Murieta, CA 95683

Electronic Offering Program

St. Vincent de Paul's has some good news to share! Your gifts made through the Electronic Offering Program work harder than ever to support our church. E-Giving is convenient, as well as safe, secure, and reliable!

When you participate in our Electronic Offering Program, your gift will be transferred conveniently from either your checking or credit card account directly to St. Vincent de Paul's. 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.stjoseph-elkgrove.net or by contacting the church by phone or mail. All gifts provided to St. Vincent de Paul's comply with U.S. law.

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

For Office Use Only

Parishioner ID _____

Date Sent: _____

___ I would like to make a: ___ Weekly Gift - (processes every 7 days) ___ Bi-Weekly Gift - (processes every 14 days)

OR

___ I would like to make a: ___ One-Time Gift ___ Monthly Gift

Process my gift on the: ___1st ___5th ___10th ___15th ___20th ___25th

To start on: ___/___/___ (mm/dd/yyyy)

Please apply my gift to:

My offering of: ___\$50 ___\$75 ___\$100 Other: \$___

Additional Offering for Church Maintenance/Utility Costs: \$___

Additional Offering for Youth Ministry: \$___

Total Offering: \$___

Enclosed is a voided check OR credit card information for my donation. Please transfer my donation from my checking/credit card account. I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift at any time through the online donation form at www.stjoseph-elkgrove.net or by contacting St. Vincent de Paul's by phone or mail. All donations provided to St. Vincent de Paul's comply with U.S. Law.

Credit Card Number _____ Expiration Date ___/___



Signature _____ Date _____

*REQUIRED

Please make a copy of this form for your records.

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