

## E-Giving Program – Electronic Tithes and Offerings

Cathedral of the Immaculate Heart of Mary has some good news to share! Your offertory gifts made through E-Giving Program work harder than ever to support our church. 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 from your checking account or credit card directly to Cathedral of the Immaculate Heart of Mary. A record of each gift will appear on your 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.cathedralofihm.com](http://www.cathedralofihm.com) or by contacting the church by phone or mail. All gifts provided to Cathedral of the Immaculate Heart of Mary as ACH transactions comply with U.S. law.

Name(s) _____ Address _____ City _____ State _____ Zip Code _____ Telephone (Home) _____ Email _____	<b>For office use only:</b> Envelope Number _____
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### **I would like to donate to:**

*\*Please note: for Semi-Monthly donations please select two dates below. The total gift amount specified will be debited on each date.*

\$ _____	Stewardship Offering	___ Weekly Gift	___ Bi-Weekly Gift	___ Monthly Gift	___ Semi-Monthly Gift*
	On the	___ 1st	___ 15th	___ 25th	To start on: ___/___/___ (mm/dd/yyyy)
\$ _____	St. Vincent de Paul	___ Weekly Gift	___ Bi-Weekly Gift	___ Monthly Gift	___ Semi-Monthly Gift*
	On the	___ 1st	___ 15th	___ 25th	To start on: ___/___/___ (mm/dd/yyyy)
\$ _____	Building Maintenance	___ Weekly Gift	___ Bi-Weekly Gift	___ Monthly Gift	___ Semi-Monthly Gift*
	On the	___ 1st	___ 15th	___ 25th	To start on: ___/___/___ (mm/dd/yyyy)
\$ _____	Cathedral Renovation	___ Weekly Gift	___ Bi-Weekly Gift	___ Monthly Gift	___ Semi-Monthly Gift*
	On the	___ 1st	___ 15th	___ 25th	To start on: ___/___/___ (mm/dd/yyyy)
\$ _____	Special Offering	___ Weekly Gift	___ Bi-Weekly Gift	___ Monthly Gift	___ Semi-Monthly Gift*
	On the	___ 1st	___ 15th	___ 25th	To start on: ___/___/___ (mm/dd/yyyy)

Please specify Comments: \_\_\_\_\_

\$ \_\_\_\_\_ Total Gift (Required)

**YES! Please add to my donation the Processing Fees (2.5% for Credit Card gifts or \$0.25 for ACH gifts) assessed to Cathedral of the Immaculate Heart of Mary.**

<b>For Office Use only:</b>	\$ _____ Processing Fee Amount (2.5% for Credit Card gifts or \$0.25 ACH gifts)
	\$ _____ Total Donation Amount (Amount specified above + Processing Fee Amount)

**Enclosed is a voided check OR my credit card information is listed below.** Please transfer my gift from my checking account or credit card. 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.cathedralofihm.com](http://www.cathedralofihm.com) or by contacting the church by phone or mail. All gifts provided to Cathedral of the Immaculate Heart of Mary comply with U.S. laws and regulations.

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_/\_\_\_/\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Required)