Saint Joseph Catholic Church
Marysville, California

Enrollment Form for Electronic Donations

Name(s) _____

Address _____

City _____ **State** _____ **Zip Code** _____

Telephone _____ **Email** _____

_____ **Please check here to be added to our email list to receive up-to-date information from St. Joseph Catholic Church.**

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

   To start on: _____/_____/_____ *(mm/dd/yyyy)*

OR

___ **I would like to make a:**   ___ One-Time **OR**   ___ Monthly Gift *on the*:   ___1st   ___10th   ___20th of the month

   To start on: _____/_____/_____ *(mm/dd/yyyy)*

Donation Amount $ _____

Please apply my gift to: $_____ CLRS $_____ Catholic Marriage Prep $_____ Confirmation Retreat

$_____ Facility Maintenance $_____ Faith Formation $_____ First Communion Retreat $_____ General Fund

$_____ Mass Intentions $_____ Baptism $_____ Quinceañera $_____ Sacrament Certificates

$_____ Special Events $_____ Weddings $_____ Other

Comments: _____

___ **Yes! I wish 100% of my donation amount to go to St. Joseph Catholic Church. I would like to pay the processing fee associated with my donation.** *(Please enter amount below)*

Please add $ _____ *(3% for all donations)*

Total Donation Amount: $ _____ *(required)*

_____ **Enclosed is a voided check for my donation.** Please transfer my gift from my checking account.

OR

_____ **My credit card information is listed below for my donation.** Please transfer my gift from my credit card.

   Credit Card Number _____ **Expiration Date** ____ /_____

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-marysville.org** or by contacting St. Joseph Catholic Church by phone or mail. All donations provided to St. Joseph Catholic Church comply with U.S. laws and regulations.

Signature _____ **Date** _____
(Required)