

Electronic Tithes and Offerings

When you participate in the Electronic Tithes and Offerings Program, your gift will be transferred conveniently each month from either your checking or credit card account directly to Sacred Heart Catholic Church. A record of each gift will appear on your monthly statement.



CONTACT	Name(s) _____	<i>For office use only:</i> Envelope No. _____
	Address _____	
	City _____ State _____ Zip Code _____	
	Phone (____) _____ Email _____	

GIFT INFORMATION	I would like to make a:	\$_____ Repairs/Maintenance
	<input type="checkbox"/> One-time gift	\$_____ Catholic Virginian
	<input type="checkbox"/> Weekly - (<i>processes every 7 days</i>)	\$_____ Soup Kitchen
	<input type="checkbox"/> Bi-Weekly - (<i>processes every 14 days</i>)	\$_____ Donation (please specify in comments)
	<input type="checkbox"/> Monthly	\$_____ World Missions
		\$_____ Catholic Campaign for Human Development (November)
	Please process my Weekly or Bi-Weekly gift:	\$_____ Catholic Charities (December)
	_____ (<i>day of the week</i>)	\$_____ Respect Life (January)
	Please process my Monthly gift on the:	\$_____ Catholic Relief Services (March)
	<input type="checkbox"/> 1 st <input type="checkbox"/> 15 th	\$_____ Peter's Pence (June)
<input type="checkbox"/> 5 ^{tz} <input type="checkbox"/> 20 th	\$_____ Diocese Home Mission (May)	
<input type="checkbox"/> 10 th <input type="checkbox"/> 25 th	\$_____ Retired Religious (September)	
To start on:	\$_____ Haiti: Teachers	
____/____/____ (<i>mm/dd/yyyy</i>)	\$_____ Haiti: Principal	
Please apply my gift as follows:	\$_____ Haiti: Lunch	
\$_____ Church Contributions	\$_____ Haiti: Nurse	
\$_____ Mass Intention	\$_____ Haiti: Medical Assistant	
\$_____ Flowers: Christmas/Easter	\$_____ Haiti: Furniture	
\$_____ Poor Box	\$_____ Haiti: Undesignated	
\$_____ Debt Reduction/Capital Campaign	\$_____ Haiti: Building	
	\$_____ Haiti: Scholarship	
	\$_____ MISC (Please specify in comments)	
	\$_____ Total Gift	
Comments: _____		

PAYMENT INFORMATION	<input type="checkbox"/> Enclosed is a voided check for my donation. Please transfer my gift from my checking account. OR
	<input type="checkbox"/> 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.sacredheartnorfolk.org or by contacting Sacred Heart Catholic Church by phone or mail. All donations provided to Sacred Heart Catholic Church comply with U.S. laws and regulations.
Signature _____ Date _____	
(Required)	