



CONTACT

Name(s): _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: (____) _____ Email(s): _____

GIFT INFORMATION

Please Process my Gift:

- One-time
- Weekly
- Bi-weekly
- Monthly
- Quarterly
- Semi-annually
- Yearly

Please Process my Gift on:

- 1st of the month
- 5th of the month
- 10th of the month
- 15th of the month
- 20th of the month
- 25th of the month

Please process my first gift on:

____/____/_____
(mm/dd/yyyy)

Please make this a: _____ Donation
_____ Memorial Gift _____ Honor Gift
_____ Anonymous Donation

In Memory/Honor of: _____

Please apply my gift to:

- | | |
|--|---|
| <input type="checkbox"/> \$_____ Bishop's Annual Appeal | <input type="checkbox"/> \$_____ Holy Land |
| <input type="checkbox"/> \$_____ Books | <input type="checkbox"/> \$_____ Mass Stipends |
| <input type="checkbox"/> \$_____ Catholic Campaign for Human Development | <input type="checkbox"/> \$_____ Memorial Gifts |
| <input type="checkbox"/> \$_____ Catholic Community Center | <input type="checkbox"/> \$_____ Military Archdiocesan Collection (Every 3 years) |
| <input type="checkbox"/> \$_____ Catholic Relief Services | <input type="checkbox"/> \$_____ Flowers-Easter |
| <input type="checkbox"/> \$_____ Celebrating the Future/Capital Improvements | <input type="checkbox"/> \$_____ General Fund |
| <input type="checkbox"/> \$_____ Cemetery Lots | <input type="checkbox"/> \$_____ Peter's Pence |
| <input type="checkbox"/> \$_____ Christmas | <input type="checkbox"/> \$_____ Readiness Center |
| <input type="checkbox"/> \$_____ Diocesan Priests' Retirement | <input type="checkbox"/> \$_____ Retirement for Religious |
| <input type="checkbox"/> \$_____ Easter | <input type="checkbox"/> \$_____ Rice Bowl |
| <input type="checkbox"/> \$_____ Flowers-Christmas | <input type="checkbox"/> \$_____ St. John Preservation Fund |
| <input type="checkbox"/> \$_____ Flowers-Easter | <input type="checkbox"/> \$_____ Sundays & Holy Days |
| <input type="checkbox"/> \$_____ General Fund | <input type="checkbox"/> \$_____ Three Churches |
| <input type="checkbox"/> \$_____ Habitat for Humanity | <input type="checkbox"/> \$_____ Vagabond Missions (580 Underground) |
| <input type="checkbox"/> \$_____ Heating Assistance | <input type="checkbox"/> \$_____ World Mission Sunday |

\$_____ Total Gift

Comments: _____

PAYMENT INFORMATION

- Enclosed is a voided check for my gift. Please transfer my gift from my checking account. **OR**
- My credit card information is listed below for my gift. Please transfer my gift from my credit card.

Card Number _____

Expiration Date ____/____



Yes! I wish 100% of my donation amount to go to SS. John & Bernard Parish. I would like to pay the 2.19% credit card or \$0.25 ACH processing fee associated with my donation.

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.ssjohnandbernard.org or by contacting SS. John & Bernard Parish by phone or mail. All donations provided to SS. John & Bernard Parish comply with U.S. Law.

For Office Use Only

\$_____ Processing Fee Amount
(2.19% for Credit Card gifts or \$0.25 for Checking Account gifts)

\$_____ Total Donation Amount (required)
(Donation Amount specified above + Processing Fee Amount)

Signature (Required) _____ Date _____