



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:

- \$ _____ Sunday Collections
- \$ _____ Bishop's Annual Appeal
- \$ _____ Books
- \$ _____ Building Fund
- \$ _____ Catholic Campaign for Human Development
- \$ _____ Catholic Community Center/Readiness Center
- \$ _____ Catholic Relief Services
- \$ _____ Cemetery Lots
- \$ _____ Christmas
- \$ _____ Church in Eastern Europe
- \$ _____ Diocesan Priests' Retirement
- \$ _____ Easter
- \$ _____ Flowers-Christmas
- \$ _____ Flowers-Easter
- \$ _____ Fr. Bill Capital Improvements
- \$ _____ General Fund
- \$ _____ Heating Assistance

- \$ _____ Holy Day
- \$ _____ Holy Land
- \$ _____ Mass Stipends
- \$ _____ Memorial Gifts
- \$ _____ Military Archdiocesan Collection (Every 3 years)
- \$ _____ Organ
- \$ _____ Peter's Pence
- \$ _____ Retirement for Religious
- \$ _____ Rice Bowl
- \$ _____ 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 _____