

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) _____
Address _____
City _____ State _____ Zip Code _____
Phone (____) _____ Email _____

For office use only:
Envelope No. _____

GIFT INFORMATION

I would like to make a:
 One-time gift
 Weekly - (*processes every 7 days*)
 Bi-Weekly - (*processes every 14 days*)
 Monthly

Please process my Weekly or Bi-Weekly gift:
_____ (*day of the week*)

Please process my Monthly gift on the:
 1st 15th
 5^{tz} 20th
 10th 25th

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

Please apply my gift as follows:

\$ _____ Church Offertory	\$ _____ Soup Kitchen
\$ _____ Poor Box	\$ _____ Flowers: Christmas/Easter
\$ _____ Debt Reduction/Capital Campaign	\$ _____ Haiti (Please specify in comments)
\$ _____ Repairs / Maintenance	\$ _____ Catholic Virginian
\$ _____ Annual Diocesan Appeal	\$ _____ Respect Life (January)
	\$ _____ Ash Wednesday (February)
	\$ _____ Catholic Relief Services (March)
	\$ _____ Holy Thursday
	\$ _____ Good Friday
	\$ _____ Easter Vigil
	\$ _____ Easter Day
	\$ _____ Diocese Home Missions (May)
	\$ _____ Peter's Pence (June)
	\$ _____ Assumption of Blessed Virgin Mary (August)
	\$ _____ Retired Religious (September)
	\$ _____ World Missions (October)
	\$ _____ All Souls Day (October/November)
	\$ _____ Thanksgiving
	\$ _____ Christmas
	\$ _____ Mass Intentions (Please specify in comments)
	\$ _____ Donation (Please specify in comments)
	\$ _____ Other (Please specify in comments)
	\$ _____ Total Gift

Comments: _____

PAYMENT INFORMATION

____ **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.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)