

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:	\$_____ Soup Kitchen
	<input type="checkbox"/> One-time gift	\$_____ Flowers: Christmas/Easter
	<input type="checkbox"/> Weekly - (<i>processes every 7 days</i>)	\$_____ Haiti (Please specify in comments)
	<input type="checkbox"/> Bi-Weekly - (<i>processes every 14 days</i>)	\$_____ Catholic Virginian
	<input type="checkbox"/> Monthly	\$_____ Respect Life (January)
		\$_____ Ash Wednesday (February)
	Please process my Weekly or Bi-Weekly gift:	\$_____ Catholic Relief Services (March)
	_____ (<i>day of the week</i>)	\$_____ Holy Thursday
		\$_____ Good Friday
	Please process my Monthly gift on the:	\$_____ Easter Vigil
<input type="checkbox"/> 1 st <input type="checkbox"/> 15 th	\$_____ Easter Day	
<input type="checkbox"/> 5 ^{tz} <input type="checkbox"/> 20 th	\$_____ Diocese Home Missions (May)	
<input type="checkbox"/> 10 th <input type="checkbox"/> 25 th	\$_____ Peter's Pence (June)	
To start on:	\$_____ Assumption of Blessed Virgin Mary (August)	
____/____/____ (<i>mm/dd/yyyy</i>)	\$_____ Retired Religious (September)	
Please apply my gift as follows:	\$_____ World Missions (October)	
\$_____ Church Offertory	\$_____ All Souls Day (October/November)	
\$_____ Poor Box	\$_____ Thanksgiving	
\$_____ Centennial Capital Campaign	\$_____ Christmas	
\$_____ Repairs / Maintenance	\$_____ Mass Intentions (Please specify in comments)	
\$_____ Annual Diocesan Appeal	\$_____ 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)	