GIVING FORM

When you participate, your donation will be transferred conveniently from your checking account or credit card.



Address City State Zip Code Telephone Email I'd like to make a Monthly Donation. Fund:Annual FundSt. Bede the Venerable SchoolSt. Bede the Venerable Church Donation Amount S On the!"5\(^h\)10\(^h\)15\(^h\)20\(^h\)25\(^h\) of the mor Monthly Gift Start Date:/ _/(mnwiddsyyy) Donation Type:Checking Account (please include a voided check) ORCredit Card Credit Card Number Expiration Date/ Comments: I'd like to make a One-Time Donation. Fund:Annual FundSt. Bede the Venerable School St. Bede the Venerable Church Donation Amount S On the!\(^h\)5\(^h\)10\(^h\)15\(^h\)20\(^h\)25\(^h\) of the mor Donation Type:Checking Account ** OR Credit Card **For One-Time Checking Account ** OR Credit Card **For One-Time Checking Account donations, please include a completed check with your donation form. Credit Card Number Expiration Date/ Comments: Please transfer my donation from my checking/credit card account. 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 from a school stelledechicage, or or by contacting St. Bede the Venerable School by phone or mail. All donations provide donation from or more donation from or more donation from or mail. All donations provide donation from or more donation from or mail. All donations provide donation from or more donation from or mail. All donations provide donation from or more donation from or mail. All donations provide donation from or more donation from or mail. All donations provide donation from or mail. All donations provide donation from or mail. All donations provide donation from the content of t	Name(s)	
State Zip Code		
Telephone		
Fund:Annual FundSt. Bede the Venerable SchoolSt. Bede the Venerable Church Donation Amount S On theIstSth		
Donation Amount \$ On the	I'd like to make a Monthly Donation.	
On the	Fund: Annual Fund St. Bede th	e Venerable School St. Bede the Venerable Church
Monthly Gift Start Date: / (mm/dd/yyyy) Donation Type: Checking Account (please include a voided check) OR Credit Card Credit Card Number Expiration Date /	Donation Amount \$	
Donation Type:Checking Account (please include a voided check) ORCredit Card Credit Card Number		10^{th} $\underline{\hspace{1cm}}20^{th}$ $\underline{\hspace{1cm}}25^{th}$ of the month
Credit Card Number	Monthly Gift Start Date:/ (ma	n/dd/yyyy)
Comments:	Donation Type:Checking Account (plea	re include a voided check) OR Credit Card
	Credit Card Number	Expiration Date/
	Comments:	
Donation Type:Checking Account ** ORCredit Card **For One-Time Checking Account donations, please include a completed check with your donation form. Credit Card NumberExpiration Date/ Comments: Please transfer my donation from my checking/credit card account. I understand my future donations will be transferred directly from y account as stipulated above. I understand that I may increase, decrease, or suspend my gift at any time through the online donation form at school.stbedechicago.org or by contacting St. Bede the Venerable School by phone or mail. All donations provide	Fund: Annual Fund St. Bede th	e Venerable School St. Bede the Venerable Church
**For One-Time Checking Account donations, please include a completed check with your donation form. Credit Card Number Expiration Date/ Comments: Please transfer my donation from my checking/credit card account. I understand my future donations will be transferred directly from account as stipulated above. I understand that I may increase, decrease, or suspend my gift at any time through the online donation form at school.stbedechicago.org or by contacting St. Bede the Venerable School by phone or mail. All donations provide	On the 1 st 5 th	10^{th} 15 th 20 th 25 th of the month
Please transfer my donation from my checking/credit card account. I understand my future donations will be transferred directly fr 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 school.stbedechicago.org or by contacting St. Bede the Venerable School by phone or mail. All donations provide	**For One-Time Checking Account donations, please Credit Card Number	include a completed check with your donation form.
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 <u>school.stbedechicago.org</u> or by contacting St. Bede the Venerable School by phone or mail. All donations provide	Comments:	
	my account as stipulated above. I understand that I may incredonation form at school.stbedechicago.org or by contacting Sto St. Bede the Venerable School comply with U.S. laws and research	case, decrease, or suspend my gift at any time through the online Bede the Venerable School by phone or mail. All donations provided gulations.
Signature Date	0	Date

Please make a copy to keep for your records, or you may request one from St. Bede the Venerable School