

GIVING FORM

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



Name(s) _____
Address _____
City _____ State _____ Zip Code _____
Telephone _____ Email _____

____ I'd like to make a Monthly Donation.

Fund: _____ Annual Fund _____ St. Bede the Venerable School _____ St. Bede the Venerable Church

Donation Amount \$ _____

On the _____ 1st _____ 5th _____ 10th _____ 15th _____ 20th _____ 25th of the month

Monthly Gift Start Date: ____ / ____ / ____ (mm/dd/yyyy)

Donation Type: _____ Checking Account *(please include a voided check)* OR _____ Credit Card

Credit Card Number _____ Expiration Date ____ / ____



Comments: _____

____ I'd like to make a One-Time Donation.

Fund: _____ Annual Fund _____ St. Bede the Venerable School _____ St. Bede the Venerable Church

Donation Amount \$ _____

On the _____ 1st _____ 5th _____ 10th _____ 15th _____ 20th _____ 25th of the month

Donation Type: _____ 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 form at school.stbedechicago.org or by contacting St. Bede the Venerable School by phone or mail. All donations provided to St. Bede the Venerable School comply with U.S. laws and regulations.

Signature _____ Date _____
(Required)

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