

Date Received

Electronic Contribution Enrollment

I/We would like to enroll in the electronic contributions for giving. I understand that the selected contribution(s) will be transferred directly from the bank or credit card account on the date(s) indicated below. I understand that I can increase, decrease, suspend or revoke my giving at any time by contacting Finance Secretary John Bernard at ibernard@iccols.org or (614)267-9241.

Name		Billing Addre	ess	
Phone Number		City, State,	Zip	
Email Address		Envelope Number		
Parish Offertory				
Amount per payment \$				
☐ Weekly (Fridays) ☐ Bi-Weekly (Fridays) ☐ Twice per month (1 st /16 th)				
☐ Monthly ☐ Quart		•	, ,	
Day of the Month Month/Day				
Special Collections Please check each collection and the amour different transaction on your bank/credit ca			• •	
MONTH COLLECTION	AMOUNT	MONTH	COLLECTION	AMOUNT
Jan. □ Propagation of the Faith Jan/May/	\$	June	☐ Catholic Home Missions	\$
July/Oct St. Vincent de Paul	\$	June	☐ Holy Father (Peter's Pence)	\$
Feb. ☐ The Catholic Times (\$17/yr.)	\$	Aug.	☐ Church in Latin America	\$
March ☐ Black & Indian Missions	\$	Oct.	☐ World Mission Sunday	\$
March ☐ Catholic Relief Services	\$	Nov.	$\hfill\Box$ Campaign for Human Development	\$
April 🛛 Good Friday (Holy Land)	\$	Dec.	☐ Religious Retirement Fund	\$
April Easter Sunday	\$	Dec.	☐ Immaculate Conception	\$
Churches April □ in Central/Eastern Europe Catholic	\$	Dec.	☐ Christmas	\$
May Communications Campaign	\$	Dec.	☐ Diocesan Charities	\$
☐ Checking ☐ Savings ☐ Visa ☐ MasterCard ☐ Discover (Attach voided check) (Attach deposit slip)				
Routing #	Card #			
Account #	e	CVV		
	□ I will o	cover the 2%	s credit card processing fee for the	parish
Signature				

Entered on P/S

Envelope#