



The Lord loves a cheerful giver. May we learn to be generous in giving, free from the love of material possessions.

~ Pope Francis

Immaculate Conception is grateful for your financial support of our parish with your contributions and annual commitments. When you return a portion of our financial blessings to God through our regular offerings, you invest in His ministry and mission, thereby creating an opportunity for Him to work through each of us as disciples.

This Offertory Commitment card reflects your *intended* support for the operations, or ministry and mission, of Immaculate Conception Parish for our next fiscal year. This is not just about salaries but, rather, the *necessary* budget to support the many and varied programs here. You can rest assured that we are being faithful stewards of the hard-earned dollars you share with IC via your offertory giving.

Please take a moment to complete and return this card and return to us at your earliest convenience. *Thank you for your support!*

Suggested Contribution Levels for Offertory		
Weekly	Monthly	Annually
\$500	\$2,167	\$26,000
\$200	\$867	\$10,400
\$150	\$650	\$7,800
\$100	\$433	\$5,200
\$75	\$325	\$3,900
\$60	\$260	\$3,120
\$45	\$195	\$2,340
\$30	\$130	\$1,560
\$15	\$65	\$780

Our family's annual commitment* for the next fiscal year to support the daily operations and ministries of Immaculate Conception Parish is:

\$

 Maintain my current offertory commitment


I/we will fulfill offertory giving via:

- Weekly Envelopes (provided by the parish)
- Electronic Contributions from Bank/Credit Card
- Bank Bill Pay
- One Gift/Donor-Advised Fund Payments

**For budgetary purposes only.*

~ PLEASE COMPLETE REVERSE ~

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NAME _____ EMAIL _____

ADDRESS _____ CITY/STATE/ZIP _____

PHONE _____ ENVELOPE # _____

Electronic Contribution Enrollment

Enroll online at www.iccols.org/offertory-and-stewardship

I/We would like to enroll in electronic contributions for giving. I/We understand that the 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 jbernard@iccols.org or (614)267-9241.

Amount per payment \$ _____

Weekly (Fridays) Bi-Weekly (Fridays)

1st & 16th month Monthly _____
Day of the Month

Quarterly _____
Month/Day

Checking (attach voided check)

Savings (attach deposit slip)

Routing # _____

Account # _____

VISA MasterCard

Discover I will cover the 2% credit card processing fee

Card # _____

CVV _____ Exp. Date _____

SIGNATURE _____