

# Authorization for Electronic Donation to St. John of the Cross Parish, Western Springs, Illinois

Name: \_\_\_\_\_  New Authorization  
 Address: \_\_\_\_\_  Change Contribution Amount  
 City, State, Zip: \_\_\_\_\_  Change Contribution Frequency  
 Phone: \_\_\_\_\_ Envelope # \_\_\_\_\_  Change Financial Institution or Account  
 Email: \_\_\_\_\_  Discontinue Electronic Contribution

**Account Type (check one) Name of bank** \_\_\_\_\_

- Checking Account (please attached a voided check)  
 Savings Account **Acct. #** \_\_\_\_\_ **Routing #** \_\_\_\_\_

or  
 Visa  Mastercard  Discover  
 Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**I would like to schedule my donation to occur:**

- Weekly** starting \_\_\_/\_\_\_/\_\_\_ mm/dd/yyyy  Discontinue my envelopes.  
 **Monthly** on the \_\_\_ 10th or \_\_\_25th of each month  
 **Annually** on the \_\_\_10th or \_\_\_25th of \_\_\_\_\_ (month) each year  
 **One-time/Single** on the \_\_\_10th or \_\_\_25th of \_\_\_\_\_ (month)

\$ \_\_\_\_\_ **Sunday Offertory**  
 \$ \_\_\_\_\_ **Parish Maintenance/Landscaping**  
 \$ \_\_\_\_\_ **Sharing Parish**

**Annual Holy Day & Special Collections** Transfer on the \_\_\_10th or \_\_\_25th of the month of the collection each year  
 or Transfer on the \_\_\_10th or \_\_\_25th of the month of the collection one-time

- |  |  |
|--|--|
| \$ _____ Solemnity of Mary, January                  | \$ _____ Seminaries, September                         |
| \$ _____ Latin America, January                      | \$ _____ World Mission Sunday, October                 |
| \$ _____ Sr. Anastasia Fund January                  | \$ _____ All Saints, November 1                        |
| \$ _____ Easter Flowers, March                       | \$ _____ All Souls, November 2                         |
| \$ _____ Central/Eastern Europe, March               | \$ _____ Thanksgiving Caritas SJC Needy Family Fund    |
| \$ _____ Holy Thursday Caritas SJC Needy Family Fund | \$ _____ Catholic Campaign for Human Development, Nov. |
| \$ _____ Good Friday Holy Land                       | \$ _____ Christmas Flowers, December                   |
| \$ _____ Easter Sunday                               | \$ _____ Immaculate Conception, December               |
| \$ _____ Catholic Charities, May                     | \$ _____ Religious Retirement, December                |
| \$ _____ Retirement Fund for Priests, June           | \$ _____ Share Christmas, December                     |
| \$ _____ Peter's Pence, June                         | \$ _____ Christmas Day                                 |
| \$ _____ Assumption of the Blessed Virgin Mary       |  |

Please transfer my gift from my checking acct., savings acct. or credit card. I understand my future gifts will be transferred directly from my account. I understand that I may increase, decrease, or suspend my gift at any time through the online donation form at [www.stjohnofthecross.org](http://www.stjohnofthecross.org), or by contacting the church by phone or mail. All gifts provided to St. John of the Cross Parish as electronic transactions comply with U.S. Law.

**Signature** (required) \_\_\_\_\_ **Date** \_\_\_\_\_