

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

- | | |
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| \$ _____ 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, 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** _____