

Registration Through Parish Office Online Donations Electronic Funds Transfer (EFT)

Name _____

Address _____

City _____ Zip _____

Email _____ Phone (____) _____

NOTE: Please complete and return to the Parish Office.

Which Account Should We Debit?

I want to use a Credit Card

Account # : _____

Expiration Date: _____ Security Code _____

Visa MasterCard

Name as it appears on Card:

I want to use a Checking Account (voided check required)

9 Digit Routing #: _____

Account #: _____

I hereby authorize Saint Vincent de Paul Catholic Church to debit my account as indicated.

Signature _____ Date _____

My offering to the Sunday Collection will be: *(Please circle amount.)*

Monthly: \$1,000 \$500 \$250 \$100 \$50 \$20 Other \$ _____

Monthly contributions will be deducted on the 1st of the month.

Weekly: \$250 \$100 \$75 \$50 \$25 \$10 Other \$ _____

Weekly contributions will be deducted on Mondays.

HOLY DAYS:

USUAL MONTH:

AMOUNT:

Mary, Mother of God	January	\$ _____
Easter	April	\$ _____
Assumption of Mary	August	\$ _____
All Saints	November	\$ _____
Immaculate Conception	December	\$ _____
Christmas	December	\$ _____

SPECIAL DIOCESAN COLLECTIONS:

Church in Latin America	February	\$ _____
Parishes in Need	March	\$ _____
Holy Land/Good Friday	April	\$ _____
Catholic Home Missions	April	\$ _____
Universal Church	July	\$ _____
Mission Co-Op	July	\$ _____
Mission Sunday	October	\$ _____
National Needs	November	\$ _____
Fund for Religious and Priests	December	\$ _____

SPECIAL PARISH COLLECTIONS:

Ash Wednesday	March	\$ _____
Holy Thursday	April	\$ _____
All Souls	November	\$ _____
Thanksgiving	November	\$ _____

ADDITIONAL PARISH COLLECTIONS (Monthly):

Building Fund	\$ _____
Society of St. Vincent de Paul	\$ _____