



St. Philip the Apostle Catholic Church
Stewardship Commitment—July 2016 to June 2017

Grateful to God for His countless blessings, I/we pledge
\$ _____ per week / month / year *(please circle your choice)*
to the work of God's Kingdom through our parish.

Name	_____
Address	_____
City, St, Zip	_____

Phone _____ E-mail _____

Office use only: ID _____
Date acknowledged _____

How do you wish to make your contributions?	
I request Weekly Envelopes.	<input type="checkbox"/>
I request Monthly Envelopes.	<input type="checkbox"/>
I will put checks in the offering basket without envelopes.	<input type="checkbox"/>
I will donate through my bank's Bill Pay feature or through the parish website, www.stphilipcc.org	<input type="checkbox"/>
I would like St. Philip's to handle my monthly donations by credit card.	<input type="checkbox"/>
I would like St. Philip's to handle my monthly donations by automatic bank draft.	<input type="checkbox"/>
<u>Please complete and sign back of this card.</u>	

I prefer to receive communications from the parish by email.



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Authorization Form for Credit Card & Electronic Funds Transfer Payments

We now offer both **EFT** (Electronic Funds Transfer) and **Credit Card** (MC, Visa or Discover) **payments** as options for your contributions. All electronic donations administered by St. Philip will be taken on a monthly basis. Please complete the information below and sign at the bottom.

I authorize you to process \$ _____ per month for the parish Operating Budget on or around the 10th of each month beginning in July 2016 and continuing until I give written notice to change or cancel this authorization. I agree to notify you should my account details change.

Please choose one and sign below:

1. Electronic Withdrawal from my Bank Account: (circle one) Checking or Savings
Bank Routing Number _____ Account Number _____
2. Charge to my: (circle one) MasterCard Visa Discover (Unfortunately we cannot accept American Express.)
Account # _____ Exp. Date ____/____/____ (mm/yy)
Print Name exactly as it appears on the front of this credit card _____
Billing Address (if different from that given on the front of this pledge card) _____

Signature _____ Date ____/____/____

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