

St. Michael's Catholic Church

Authorization Form

Your Name:	
Address:	
City, State, Zip	
Email Address	
I would like to make the following contributions:	
Date of first electronic contribution: ____ / ____ / ____	
Contribution	Frequency of Contribution
<input type="checkbox"/> Weekly Offering for General Operating Fund \$ _____	<input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-monthly on the 1 st & 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th
<input type="checkbox"/> Church Maintenance Fund \$ _____	<input type="checkbox"/> Monthly on the 1st
<input type="checkbox"/> Church Religious Education Fund \$ _____	<input type="checkbox"/> Monthly on the 15 th
OTHER CONTRIBUTIONS:	
<input type="checkbox"/> Seminarians and Continuing Education of Priests (Diocesan)	\$ _____ January 9
<input type="checkbox"/> Catholic Relief Services (National)	\$ _____ March 12
<input type="checkbox"/> Holy Land Collection (Universal)	\$ _____ April 20
<input type="checkbox"/> Easter Collection	\$ _____ April 1
<input type="checkbox"/> Catholic Home Missions Appeal/Black/Indian Missions (National)	\$ _____ May 1
<input type="checkbox"/> Catholic Charities Appeal (Diocesan)	\$ _____ May 22
<input type="checkbox"/> Catholic Communications/Catholic University of America (National)	\$ _____ June 5
<input type="checkbox"/> Peter's Pence Collection (Universal)	\$ _____ July 10
<input type="checkbox"/> Retirement Fund for Aged and Retired Priests	\$ _____ September 10
<input type="checkbox"/> Respect Life	\$ _____ October 3
<input type="checkbox"/> World Mission Sunday	\$ _____ October 17
<input type="checkbox"/> Campaign for Human Development	\$ _____ November 21
<input type="checkbox"/> Retirement Fund for Religious	\$ _____ December 12
<input type="checkbox"/> Christmas Collection	\$ _____ December 26
CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)
	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____
I authorize St. Michael's Church and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide written notification to terminate the authorization.	
Authorized Signature: _____ Date: _____	
CREDIT CARD	Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card
	Credit Card Number: _____ Expiration Date: _____
	Name on Card: _____
	Billing Address (if different from above): _____
	I authorize St. Michael's Church and Vanco Services, LLC to charge my credit card in accordance with the information above. Signature (as it appears on the credit card): _____ Date: _____

