



## St. Mary's Church Electronic Offering Program

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Enroll in our Electronic Offering Program and your offering will be conveniently transferred each month from your checking or credit card account directly to St. Mary's Church.

A record of each electronic offering will appear on your monthly bank or credit card statement. You may increase, decrease or suspend your electronic offering at any time.

Here's how to join:

1. Fill out the form on the back of this card, indicating the amount you want to contribute each month.
2. Be sure to sign your name and indicate the date.
3. Return the completed enrollment form with a check for your first month's offering or your credit card information. Future electronic offerings will begin transferring in the following month, on the fifth day of each month.

*St. Mary's Church Thanks You for Your Generous Support!*

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**Please sign me up for St. Mary's Church Electronic Offering Program**

- With a monthly electronic offering of:    \_\_\_\$50    \_\_\_\$75    \_\_\_\$100    Other: \$ \_\_\_\_\_
- With a monthly building fund donation of: \$ \_\_\_\_\_

St. Mary's Church  
1333 58<sup>th</sup> Street,  
Sacramento, CA

PLEASE PRINT

Enclosed is a check for my first month's electronic offering. Please transfer my future monthly offerings from my checking account. I understand my future electronic offerings will be transferred directly from my account.

OR

Here is my credit card information. Please transfer my monthly electronic offerings from my credit card. I understand my future electronic offerings will be transferred directly from my credit card.

Card#: \_\_\_\_\_

Exp. Date: \_\_\_/\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For Office Use Only: \_\_\_\_\_

You may increase, decrease or suspend your electronic offering at any time.

Electronic offerings provided to St. Mary's Church originating as ACH transactions comply with U.S. law.

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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