



Enrollment Form for Electronic Donations

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

Please check here to be added to our email list to receive up-to-date information from St. Joseph Catholic Church.

I would like to make a: Weekly Gift - (*processes every 7 days*) Bi-Weekly Gift - (*processes every 14 days*)

To start on: ____/____/____ (mm/dd/yyyy)

OR

I would like to make a: One-Time **OR** Monthly Gift *on the:* 1st 10th 20th of the month

To start on: ____/____/____ (mm/dd/yyyy)

Donation Amount \$ _____

Please apply my gift to: \$ _____ CLR \$ _____ Facilities Maintenance \$ _____ General Fund

Yes! I wish 100% of my donation amount to go to St. Joseph Catholic Church. I would like to pay the processing fee associated with my donation. (*Please enter amount below*)

Please add \$ _____ (*3% for Credit Card donations or \$0.25 Checking Account donations*)

Total Donation Amount: \$ _____ (*required*)

Comments: _____

Enclosed is a voided check for my donation. Please transfer my gift from my checking account.

OR

My credit card information is listed below for my donation. Please transfer my gift from my credit card.

Credit Card Number _____ Expiration Date ____/____



I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift at any time through the online donation form at www.stjoseph-marysville.org or by contacting St. Joseph Catholic Church by phone or mail. All donations provided to St. Joseph Catholic Church comply with U.S. laws and regulations.

Signature _____ Date _____

(Required)