

**Automatic Withdrawal
(for direct bank withdrawal only)**

Please choose from the donations below and fill in the amount you would like withdrawn from your chequeing account regularly.

Then include a void cheque.

- \$ _____ Jan 01-Cover Cost of Fees
- \$ _____ Jan 01-New Year's Offering
- \$ _____ Sunday Offering (all Sundays)
- \$ _____ Building Fund (1st & 3rd Sunday)
- \$ _____ Together in Action (2nd Sunday)
- \$ _____ Jan & Jun -Twice/Year Repair & Maint.
- \$ _____ March-Once/Year Poverty Support
- \$ _____ Mar & Sep-Twice/Year Poverty Support
- \$ _____ April-Needs of the Church (Good Friday)
- \$ _____ May-Good Shepherd (Vocation Sunday)
- \$ _____ May-Pope's Pastoral Works
- \$ _____ Oct-World Mission Sunday
- \$ _____ Nov-Catholic Education Sunday
- \$ _____ Dec-Mission Mexico Sunday
- \$ _____ Dec 25-Christmas Offering

**(actual days may change slightly
from year to year)**

Signature _____

Start Date _____

**Automatic Credit Card Billing
(for credit cards only)**

Please choose from the donations below and fill in the amount you would like billed to your credit card regularly. Then fill the card information below.

- \$ _____ Jan 01-Cover Cost of Fees
- \$ _____ Jan 01-New Year's Offering
- \$ _____ 1st of the month-Sunday Offering
- \$ _____ 1st of the month-Building Fund
- \$ _____ 7th of the month-Together in Action
- \$ _____ Jan 7 & Jun 7-Twice/Yr Repair & Maint
- \$ _____ Mar 21-Once/Year Poverty Support
- \$ _____ Mar 21 & Sep 21-Twice/Yr Poverty Support
- \$ _____ Apr 7-Needs of the Church (Good Friday)
- \$ _____ May 7- Good Shepherd (Vocation Sunday)
- \$ _____ May 7- Pope's Pastoral Works
- \$ _____ Oct 7-World Mission Sunday
- \$ _____ Nov 7-Catholic Education Sunday
- \$ _____ Dec 7- Mission Mexico Sunday
- \$ _____ Dec 25-Christmas Offering

- _____ AMEX _____ Discovery
- _____ Master Card _____ Visa

Card Number _____

Expiry Date _____ CVV# _____

Name as appears on Card

Signature _____

Start Date _____

PLEASE PRINT

**Please fill out the following information
for the one person
receiving a tax receipt.**

LAST NAME: _____

FIRST NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

*ENVELOPE NUMBER: _____

*Note that parishioners using this program will have their current envelope number reissued in the new year. Any additional donations can be posted using your name and address. It will still be included on your tax receipt.

Please contact the office if you would like to stop the offering(s) at least two weeks prior to the scheduled donation.

If you are in agreement to receive electronic communications from St. Paul's Catholic Church please initial _____**

If at any time you would like to unsubscribe you can do so by contacting us by e-mail, fax or in writing.

DONATIONS BROCHURE

Parish Office Hours

Monday to Friday
9:00 am – 12:00 pm



Select your method of donations-either bank withdrawal or credit card. Enter the amount that you want to donate towards any or all of our various funds in the corresponding column.



For automatic withdrawal, please include a void cheque.



For credit cards, fill in your credit card information; including card type, card number, CVV#, expiry date and name as it appears on your card.



Please sign and be sure to choose the date you would like your transactions to start on.



Fill out your contact information and envelope number if you have one.



Please note that your donation amount will be continuous. This form does not need to be filled in yearly.



Keep a copy for your files then drop this form off at the Parish Office or place it in an envelope then in the weekly collection basket.

St. Paul's Pledge

We will take every measure to safeguard your information.

Your credit card information or your banking information will not be entered in our system. All transactions will be processed via

**RBC (automatic banking withdrawal)
and**

**Moneris e-select solutions.
(credit card transactions)**



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Parish Administrator

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