

MY SACRIFICIAL GIVING COMMITMENT TO OUR PARISH

\$ □ per week □ per month
☐ I/We authorize the electronic withdrawal of the amount stated above, weekly or monthly, from:
☐ Checking Account ☐ Savings Account
Please attach a voided check or savings deposit slip
☐ I/We authorize the amount stated above to be charged to a credit card (note, on-line option available):
□ Visa □ MasterCard □ Discover
Acct #: Exp. Date:
Signature:
☐ Use bank or credit card information already on file
□ Envelope User
\square Online Giver \square I need help setting this up
\square I can't pledge now, but I will pray regularly for the parish
Name:
Address:
City: Zip:
Phone:
Email:

Thank you for your prayerful support of Saint Francis de Sales Parish.