

Holy Trinity Catholic Church 2006 Annual Offertory Appeal



Name:
Address:
City, State, Zip
Phone #

My Pledge To
Holy Trinity Church

FOR THE SUPPORT OF MY PARISH

DONOR'S
SIGNATURE _____

PER WEEK
 MONTH

JANUARY THRU DECEMBER

SEE BELOW FOR AUTOMATIC BANK WITHDRAWAL

Authorization For Electronic Withdrawal of Funds

In fulfillment of my stewardship commitment of treasure to my parish, I hereby authorize Holy Trinity Catholic Church of Lenexa to make electronic debit or credit entries and any necessary adjustments involving these entries in my account.

My Bank Name:

Beginning in (month):

Total Monthly Amount: \$

Withdrawal Date: (check one) 5th 20th

Please apply the above amount as follows: \$ Regular Offertory \$ Capital Campaign
\$ Other (please explain)

This authority is granted to Holy Trinity Church through December, 2006 or until it has received written notification from me of its termination in such time and manner as to afford Holy Trinity and its bank a reasonable opportunity to act.

Your Name:

Phone #

Authorized Signature:

Date:

Please attach a **voided check** from the appropriate account to this authorization card. Do not use a deposit slip. Return this completed card in the collection basket.

Check here if you do not wish to receive offertory envelopes