



ST. STEPHEN PARISH AND SCHOOL

ELECTRONIC GIVING FORM

Return completed form to the Parish Office by mail (723 Rosewood SE, East Grand Rapids, MI 49506) or put in offertory basket. Contact Business Manager for more information at 243-8998 ext. 203 or lorabennett@ststephenparish.com

Name: _____

Address: _____

Phone: _____ E-mail: _____

I will contribute the following amount: \$ _____

The amount is to be withdrawn/charged (weekly, monthly, quarterly, semi-annually, annually, one-time gift).

(circle choice)

I would like our contribution to begin on _____ (Date).

Select Electronic Giving Method (choose one):

Credit Card (card type _____)

Name on Card _____

Card Number _____

Expiration Date _____ CVV/CID _____

Checking or Savings (circle one):

Checking/Savings Account Number _____

Name of Banking Institution/Credit Union _____

Bank Routing Number _____

I authorize St. Stephen Parish and School to receive the payments listed above. This authority will remain in effect for the time period indicated on my pledge form or until I notify St. Stephen in writing to change or cancel. Notification of at least one week prior to the next process date required.

Signature: _____ Date: _____

Office use: Envelope number: _____ Date processed: _____