

SHARE YOUR TREASURE

St. Mary Catholic Church

Parish Support

July 1, 2013- June 30, 2014

Please complete this form and place in the collection basket or mail to the Parish Office, P.O. Box 70, De Pere, WI 54115.

1. **Sacrificial Giving** - a percentage of your income to your parish per year.

_____ I/We choose **Sacrificial Giving** at _____ of income.

Annual Income	Sacrificial Giving Rates			
	2%	3%	4%	5%
\$15,000	300	450	600	750
\$20,000	400	600	800	1000
\$25,000	500	750	1000	1250
\$35,000	700	1050	1400	1750
\$45,000	900	1350	1800	2250
\$60,000	1200	1800	2400	3000
\$75,000	1500	2250	3000	3750
\$100,000	2000	3000	4000	5000

2. **Established Guidelines** - for those not choosing Sacrificial Giving.

Parish Unit is \$25.00 per week = \$1,300.00 per year.

_____ I/We choose the **Established Guidelines** at _____ per week.

I/We plan to give \$ _____ per _____ week/month/quarter
which amounts to \$ _____ per year.

Sign me up for EFT! (Electronic Funds Transfer) _____

(Please complete page 2.)

Name _____ Phone _____.

Address _____

Email _____.

If we do not hear from you, we will assume that your rate of giving will be at the Established Guidelines of \$25.00 per week.

Electronic Funds Transfer (EFT)

St. Mary Catholic Church

To make parish donations more convenient, many parishioners have asked about the possibility of automatically transferring funds from their checking or savings account to the St. Mary Catholic Church account.

Automatic fund transfers have proven to be an efficient and convenient method for many people to meet their financial commitments. It is also very helpful to our parish for budgeting and planning various programs and expenses throughout the year.

To take advantage of this convenient method of making parish contributions, please complete the form below and attach a voided check.

I authorize St. Mary Catholic Church to initiate electronic debit entries to my checking/savings (please circle one) account for the amounts and purposes designated as follows:

\$_____ Offertory

\$_____ Maintenance/Capital Improvement

Family Name: _____

Financial Institution: _____

Financial Institution City and State: _____

Account Number: _____

Financial Institution Routing Number: _____

Effective the 12th of each month beginning: _____ (month) _____ (year).

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing. I understand this withdrawal will be for my monthly church support to the funds designated above.

(Signature of account holder/parishioner)

*****PLEASE ATTACH A VOIDED CHECK*****