

Electronic Giving Form for Sacred Heart Church, Lombard, IL 60148

Name \_\_\_\_\_ Envelope #: \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

E-mail: \_\_\_\_\_

Sunday Collection offering amount: \$ \_\_\_\_\_      \_\_\_\_\_ Weekly      \_\_\_\_\_ Monthly

Debt Reduction offering amount: \$ \_\_\_\_\_      \_\_\_\_\_ Weekly      \_\_\_\_\_ Monthly

Building & Grounds Maintenance amount: \$ \_\_\_\_\_      \_\_\_\_\_ Weekly      \_\_\_\_\_ Monthly

Catholic Education amount: \$ \_\_\_\_\_      \_\_\_\_\_ Weekly      \_\_\_\_\_ Monthly

St. Vincent de Paul Society amount: \$ \_\_\_\_\_      \_\_\_\_\_ Monthly      \_\_\_\_\_ Quarterly

Christmas: \$ \_\_\_\_\_      \_\_\_\_\_ Annual in December

Easter: \$ \_\_\_\_\_      \_\_\_\_\_ Annual in April

Automatic payment from credit card (Visa or Mastercard)

Credit card # \_\_\_\_\_

Expiration date: \_\_\_\_\_

Name on the credit card: \_\_\_\_\_

Address if different from above: \_\_\_\_\_

OR

Automatic payment from checking or savings account

Checking

Savings

Account number \_\_\_\_\_ Routing number \_\_\_\_\_

Please sign: \_\_\_\_\_ Date: \_\_\_\_\_