

AUTOMATIC CONTRIBUTIONS

Yes, I (we) want to participate in the Automatic Contributions plan. I (We) authorize Sacred Heart Cathedral to initiate variable entries for the purpose of:

- Tithe** in the amount of \$_____. To be taken from my account:
 Weekly (on Monday of each week)
 Monthly (once per month on the 3rd or the 15th)

Special collection cards are available to use in the weekly collection. This enables you to give witness to others that you ARE supporting the parish, not just passing up the collection basket.

I **do** **do not** wish to receive special collection cards.

In addition, I (we) have committed amounts to various **special collections** to be taken by **Automatic Contributions** during the Church year as follows:

January

- \$_____ Catholic Messenger (\$29)
 \$_____ Birthright Sunday
 \$_____ Solemnity of Mary (New Year's Day)

February

- \$_____ Altar & Rosary (\$5)
 \$_____ Catholic Relief Services (Overseas Aid)

March

- \$_____ Easter Flowers*
 \$_____ Easter
 \$_____ Ash Wednesday (Churches in Eastern Europe)
 \$_____ Holy Thursday (For the poor locally)
 \$_____ Good Friday (Holy Land)

April

- \$_____ Catholic Home Missions

May

- \$_____ Churches in Latin America
 \$_____ Ascension

June

- \$_____ NCCB Communications
 \$_____ Peter's Pence

July

- \$_____ Diocesan Works of Charity

August

- \$_____ Adopt-A-Student (Catholic Education)
 \$_____ Feast of Our Lady's Assumption

September

- \$_____ Catholic University of America

October

- \$_____ Propagation of Faith (Missions)

November

- \$_____ All Saints/Souls
 \$_____ Catholic Campaign Human Develop

December

- \$_____ Christmas Flowers *
 \$_____ Immaculate Conception
 \$_____ Retired Religious
 \$_____ Christmas

* If you would like your flower donation in a loved one's memory, please complete the following:

Easter flowers in **memory of** _____

Christmas flowers in **memory of** _____

Please choose: use these same names each year contact me each year for names

Financial Information and Signatures

Please complete the appropriate section, sign this form, attach required items and return to the parish office.

Checking account voided check must be attached

Bank's name _____
Bank's address _____
Account number (see sample check below) _____
Routing number (see sample check below) _____

Savings account deposit slip must be attached

Bank's name _____
Bank's address _____
Account number (see sample check below) _____
Routing number (see sample check below) _____

Full Name _____

Address _____ City _____ State _____ Zip _____

Home phone number _____ Work phone number _____

Signature _____ Date _____

For Joint Accounts

Spouse's Full Name _____

Spouse's work phone number _____

Signature _____ Date _____

This authority is to remain in full force and effect until Sacred Heart Cathedral has received written notification from me (or either one of us) of its termination in such time and manner as to afford Sacred Heart Cathedral a reasonable opportunity to act on it.

Name _____	Date _____	
Address _____		
Pay to the order of _____		
SAMPLE CHECK		
Routing # 073123456	Account # 00012345	Check# 9876