

Electronic Contribution Option Form

____ This is a change from my previous selection. (Yes/No)

Print Name _____

Date _____

Signature (s) _____

(Both parties need to sign if checking or savings account is held as joint account.)

Sunday Offering: Please deduct \$ _____ from my account as specified.

Circle One: Weekly

Every Monday Start Date _____

Semi-Monthly

1st and 15th Start Date _____

Monthly

Start Date _____

1st

15th

When calculating your gift, please take into consideration the Holy Days that occur throughout the year. For **Christmas and Easter**, please complete the next section.

Easter Offering: \$ _____ (Transferred the Friday before Easter.)

Christmas Offering: \$ _____ (Transferred 3rd Friday in December.)

Good Samaritan Fund: Monthly contribution of \$ _____
Transferred the 15th of each month.

Start Date _____

Your contributions to the Good Samaritan fund will be disbursed every other month to those in need as determined by the Good Samaritan Committee.