St John the Evangelist Catholic Church
10431 Twin Rivers Road
Columbia, MD 21044

Giving the Gift of Treasure

2010

For office use only	Member ID#	Date
Name of Member (please print)		
Address:		Phone:
City:	State:	Zip:

MEMBER AUTHORIZATION ☐ **YES!** I'd like to sign up for **Electronic Payment**

Start date: _____ ☐Change contribution amount ☐Change financial institution

☐New Authorization ☐Discontinue electronic contribution

Regular Contributions transferred the 15th of each month	**Special Contributions** transferred the 15th of the month	
Amount per transfer $ _____	January - Special Care for Diocesan Priests	$
	February - Catholic Relief Services	$
	March - Eastern Europe	$
	April - Holy Land Shrines (Good Friday)	$
	April - Easter Offering	$
	May - Seminarians	$
	June - Black & Native American Missions	$
	July - Missionary Cooperative	$
	August - Catholic Communications & Catholic University of America	$
	September - Peter's Pence	$
	October - Propagation of Faith	$
	November - Campaign for Human Development	$
	December - Retired Religious	$
	December - Christmas offering	$

Please take my contribution directly from the account specified: (please check one box)

☐Checking account (attach a voided check) ☐Savings account (attach a savings deposit slip)

Routing # (between these symbols on check **I:** **I:**) Account #

I authorize St John the Evangelist to process debit entries to my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate this authorization.

Authorized signature on my account: Date: