

PARISH GIVING ENROLLMENT FORM

ST. ANTHONY OF PADUA PARISH
259 FOREST AVENUE
AMBLER, PA 19002

Please set up a recurring *monthly* contribution to the Sunday Offertory in the amount of \$ _____ *per month*. - **OR** - a *weekly* contribution in the amount of \$ _____ *per week*.

You may also choose to give to the following second and special collections.

The amount indicated will be debited in the month listed as part of the regular monthly transaction.

COLLECTION	AMOUNT	MONTH	COLLECTION	AMOUNT	MONTH
<input type="checkbox"/> Mary, Mother of God	\$ _____	January	<input type="checkbox"/> All Saints	\$ _____	November
<input type="checkbox"/> Catholic Relief Services	\$ _____	January	<input type="checkbox"/> St. Charles Borromeo Seminary	\$ _____	November
<input type="checkbox"/> Care of Aging & Ill Priests	\$ _____	February	<input type="checkbox"/> All Souls	\$ _____	November
<input type="checkbox"/> Church in Africa/Sisters of OLOTV	\$ _____	March	<input type="checkbox"/> Thanksgiving	\$ _____	November
<input type="checkbox"/> Ash Wednesday	\$ _____	March	<input type="checkbox"/> Retired Religious	\$ _____	December
<input type="checkbox"/> Holy Thursday	\$ _____	April	<input type="checkbox"/> Immaculate Conception	\$ _____	December
<input type="checkbox"/> Holy Land (Good Friday)	\$ _____	April	<input type="checkbox"/> Christmas	\$ _____	December
<input type="checkbox"/> Easter (in addition to weekly gift)	\$ _____	April	<input type="checkbox"/> Catholic Home Missions	\$ _____	Month _____
<input type="checkbox"/> Peter's Pence	\$ _____	June	<input type="checkbox"/> IC-Houson; Jordan	\$ _____	Month _____
<input type="checkbox"/> Catholic University	\$ _____	August	<input type="checkbox"/> For Those In Need	\$ _____	Month _____
<input type="checkbox"/> Stewardship Sunday	\$ _____	September	<input type="checkbox"/> St. Vincent De Paul	\$ _____	Month _____
<input type="checkbox"/> Black & Indian Missions	\$ _____	September	<input type="checkbox"/> St. Dymphna Fund	\$ _____	Month _____
<input type="checkbox"/> Mission Sunday	\$ _____	October	<input type="checkbox"/> Debt Reduction	\$ _____	Month _____
			<input type="checkbox"/> Other _____	\$ _____	Month _____

Name: _____

Address: _____

City, State & Zip: _____

Bank Name: _____ Checking Savings

Routing Number: _____

Account Number: _____

Parish Name: _____

Email Address: _____

Phone: _____ Envelope Number: _____

Credit Card: Visa Discover

Mastercard Amex

Credit Card Number: _____

Expiration Date: _____ CVV: _____

Signature: _____

In providing your signature, you authorize Parish Giving to debit your Bank Account or Credit Card every month in the amount specified above. You may cancel this contribution at any time by either logging into the system, by notifying us in writing at info@parishgiving.org or by calling us at 1-866-307-7140.

Detach Along Perforation