

Electronic Donation Authorization Form

SAINT MATTHEW'S CHURCH

25 Mountainview Street, Voorheesville, New York 12186
(518) 765-2805 stmatthewsvoorheesville.org

In recognition of God's generous love, in imitation of Jesus' self giving,
and in appreciation of the enlivening power of the Holy Spirit;
In return for all that God has given to me and to those whom I love,
it is my intentions to give back to God's Church:

- I wish to gift the Church \$ \_\_\_\_\_ each week for 52 weeks a year.
I wish to gift the Church \$ \_\_\_\_\_ for each of the five Holy Days a year (except Christmas).
(They are: Mary, Mother of God in January; Ascension in May; Assumption in August;
All Saints in November; and Immaculate Conception in December.)

These gifts are given gladly and unreservedly as God's grace has always been given to me.

To effect these gifts, please transfer funds from my account

- check one: on a monthly basis on the following date of the month \_\_\_\_\_
on a bi-monthly basis on the following dates of the month \_\_\_\_\_ & \_\_\_\_\_

I authorize these transfers to begin \_\_\_\_\_

and that I may change my donation, or any elements of this agreement, by contacting the parish office.

- Checking (Attach a voided check)
Savings (Attach a voided deposit ticket)

- Name on Credit Card \_\_\_\_\_
VISA Acct. # \_\_\_\_\_
MasterCard Exp. Date \_\_\_\_ / \_\_\_\_

Giver's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

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

Date \_\_\_\_\_ Giver's Signature \_\_\_\_\_



Separate along dotted line and retain bottom portion for your (donor) records.

Thank you! Your faithfulness is appreciated. Please contact us for any changes required.

Monthly Amount \_\_\_\_\_ Date of Transfer \_\_\_\_\_

Bank Account \_\_\_\_\_ Credit/Debit Card \_\_\_\_\_

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