SAINT MEL PARISH
Electronic Giving Authorization Form

I want to support St. Mel Parish.

Regular offertory donation $_____ _____ _____
Amount weekly monthly

Building and Maintenance Fund $_____ _____
Amount monthly

Gifts for specific months:

Solemnity of Mary (January) $_____
Amount

Ash Wednesday (February/March) $_____
Amount

Easter Flowers (March/April) $_____
Amount

Easter (March/April) $_____
Amount

Ascension (May) $_____
Amount

Assumption (August) $_____
Amount

All Saints (November) $_____
Amount

Immaculate Conception (December) $_____
Amount

Christmas Flowers (December) $_____
Amount

Christmas (December) $_____
Amount

Other Gift _____ $_____ _____ _____ _____ _____
Purpose Amount weekly monthly one time only

I hereby authorize St. Mel Parish to collect the amounts indicated above from my

_____ checking account (***Attach a voided check to this form***) **OR**

_____ Visa _____ MasterCard _____ American Express _____ _____
Credit Card # Exp. Date

This authority to remain in force until I revoke it by providing written notice to St. Mel Parish.

_____ _____
Your name (as listed on your bank account or credit card) Your signature

_____ _____ _____
Your billing address Date Daytime Phone

_____ _____
City/State/Zip Email address

Please note:
Minimum electronic transaction is $25.00.
Monthly transactions will take place on the 5th of the month or closest business day thereafter.
Please return form to the parish center. For questions call Rosemary McLarty @ 818.340.6020 x1019.