



"The LORD bless you and keep you!
The LORD let his face shine upon you, and be gracious to you!
The LORD look upon you kindly and give you peace!"
Numbers 6:24

Thank you for being a member of our parish community!

You are an important part of the St. Louise family, and we want to thank you for sharing your lives and making a personal investment in the parish's success. Your response to our parish's Offertory Program will provide the necessary revenues to continue providing the many ministries, programs, and services that are such a vital part of vibrant parish life.

If you would like to have your donation processed electronically please complete the authorization form on the back side of this letter and return it to the parish office. Or, if you prefer, you may go directly to our Online Giving page and complete the enrollment there. Visit: www.stlouisedm.org/onlinegiving and sign up for a new account or update your existing account.

Please feel free to contact the Parish Finance Department at 626-915-7873 if you have any additional questions.

May God pour out His richest blessing upon you and your family.

St. Louise de Marillac Catholic Church
1720 East Covina Boulevard, Covina, CA 91724-1640

Phone: 626-915-7873

www.stlouisedm.org

FAX: 626.332-4431

St. Louise de Marillac Church
Electronic Giving – Donation Authorization

Thank you for being a member of our parish community & supporting its ministries!
For more information, call the Parish Finance Office at (626) 915-7873

Parishioner Name (please print)	
Family I.D. / Envelope #:	Phone # Home _____ Cell _____
Address	
City and Zip	
I authorize the following: <ul style="list-style-type: none"> <input type="checkbox"/> New Donation from Account[s] Specified Below. <input type="checkbox"/> Change my donation as Indicated Below. <input type="checkbox"/> Discontinue donation from account specified below. 	

Account Information	
Bank Account Information	Credit Card Information
Bank Name	Credit Card Type <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Visa
Account Type <input type="checkbox"/> Checking (please attach voided check) <input type="checkbox"/> Savings (please attach deposit slip)	
Name on Account	Name on Credit Card
Routing Number	Credit Card #
Account Number	Credit Card Expiration Date
Authorization Effective Date / /	Authorization Effective Date / /

Donation Type	Donation Frequency	Donation Amount	Account	Donation to Begin Month / Date
Sunday Offering	<input type="checkbox"/> One Time <input type="checkbox"/> 2x/Year <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Quarterly	\$	<input type="checkbox"/> Bank Account <input type="checkbox"/> Credit Card	Month: <input type="checkbox"/> 5 th <input type="checkbox"/> 15 th <input type="checkbox"/> 25 th
Living Our Faith Capital Campaign	<input type="checkbox"/> One Time <input type="checkbox"/> 2x/Year <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Quarterly	\$	<input type="checkbox"/> Bank Account <input type="checkbox"/> Credit Card	Month: <input type="checkbox"/> 5 th <input type="checkbox"/> 15 th <input type="checkbox"/> 25 th
Parish Improvement	<input type="checkbox"/> One Time <input type="checkbox"/> 2x/Year <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Quarterly	\$	<input type="checkbox"/> Bank Account <input type="checkbox"/> Credit Card	Month: <input type="checkbox"/> 5 th <input type="checkbox"/> 15 th <input type="checkbox"/> 25 th
Christmas	<input type="checkbox"/> One Time <input type="checkbox"/> 2x/Year <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Quarterly	\$	<input type="checkbox"/> Bank Account <input type="checkbox"/> Credit Card	Month: <input type="checkbox"/> 5 th <input type="checkbox"/> 15 th <input type="checkbox"/> 25 th
Easter	<input type="checkbox"/> One Time <input type="checkbox"/> 2x/Year <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Quarterly	\$	<input type="checkbox"/> Bank Account <input type="checkbox"/> Credit Card	Month: <input type="checkbox"/> 5 th <input type="checkbox"/> 15 th <input type="checkbox"/> 25 th
Other:	<input type="checkbox"/> One Time <input type="checkbox"/> 2x/Year <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Quarterly	\$	<input type="checkbox"/> Bank Account <input type="checkbox"/> Credit Card	Month: <input type="checkbox"/> 5 th <input type="checkbox"/> 15 th <input type="checkbox"/> 25 th

I authorize St. Louise de Marillac Church to debit from the account or credit card as specified on this form. This authorization will remain in effect until I provide written notice to change or terminate. I understand that if the donation is not able to be processed, a fee of up to \$30 could be charged.

Authorized Account signature: _____ Date: _____