

St. John Neumann Catholic Church

With thanks for all God has given me/us. I/we intend to support St. John Neumann Catholic Church by my/our weekly offering commitment of \$_____.

Family Name _____

Mailing Address (street) _____ Apt/Unit # _____

City _____ State _____ Zip Code _____

Phone _____ Envelope # _____

_____ Please check here if you would like to continue receiving weekly offering envelopes.

If you prefer the convenience of making you contributions via your charge or debit card, please complete and return the Electronic Payment Authorization Form below. **IF YOU CHOOSE THIS OPTION, WE WILL CANCEL YOUR MONTHLY ENVELOPE MAILINGS.**

After making your choice(s), please return this form in an envelope marked "**Attn: Finance**". You may:

- Drop it off at the parish office
- Mail it to: St. John Neumann Catholic Church – Attn: Finance
2575 W. El Campo Grande Ave., North Las Vegas, NV 89031

Electronic Payment Authorization Form

I/We prefer the convenience of charging or debiting our church contribution: (CIRCLE ONE)

VISA MasterCard American Express Discover DEBIT Visa DEBIT M/C

1st Collection:

Amount to be charged/debited \$ _____ (circle one) Weekly Monthly One Time

2nd Collection:

Amount to be charged/debited \$ _____ (circle one) Weekly Monthly One Time

Easter:

Amount to be charged/debited \$ _____ (circle one) Weekly Monthly One Time

Christmas:

Amount to be charged/debited \$ _____ (circle one) Weekly Monthly One Time

Holy Days / Special Days: (circle) **Mary, Mother of God** **Ash Wednesday** **Holy Thursday** **Good Friday**
Assumption **All Saints** **Thanksgiving** **Immaculate Conception**

Amount to be charged/debited \$ _____

Other Contribution:

(Circle one or write in) **Outreach, Flowers, Building Fund, Capital Campaign,** _____

Amount to be charged/debited \$ _____ (circle one) Weekly Monthly One Time

CREDIT CARD NUMBER # _____ Expiration Date (month/year) _____

Name on credit card (exactly as printed): _____

Billing Address for credit cart (street, Apt. #) _____

City _____ State _____ Zip Code _____

Signature _____ Today's date _____ Daytime Phone Number _____

My signature above authorizes St. John Neumann Catholic Church to begin charging my credit / debit card listed above for the amount (s) as specified as of today's date unless otherwise directed below. This authorization is valid until I provide St. John Neumann Catholic Church with written cancellation.

St. John Neumann Catholic Church may begin to charge my credit / debit card on (date): _____