

Saint Athanasius Parish
ParishPay Automatic Offertory Program

Please fill out this form and return it to Barbara Bonier in the parish office. Thank you.

PERSONAL INFORMATION

Name _____
Street _____
City _____ Zip _____
Phone _____ Email _____

DONATION INFORMATION (\$10.00 minimum for each category)

I wish to lovingly give the following amount MONTHLY: \$ _____
I also wish to include a MONTHLY amount for **Generations Campaign**: \$ _____
I also wish to include a MONTHLY amount for **St. Agnes, Our Sharing Parish**: \$ _____
I also wish to include a MONTHLY amount for **St. Vincent dePaul**: \$ _____
I also wish to include a MONTHLY amount for **Soup Kitchen**: \$ _____
For **Easter** collection in the month of Easter, please additionally deduct: \$ _____
For **Christmas** collection in the month of December, please additionally deduct: \$ _____

BANK ACCOUNT INFORMATION

Routing #: _____
(9 digit bank identifier along bottom of check)
Account #: _____
Name of Bank: _____

- OR -

CREDIT CARD ACCOUNT INFORMATION

Please keep in mind that when you use your credit card, approximately 3% of your donation will be deducted as processing fees.

Circle One: Visa MasterCard American Express Discover

Account #: _____

EXPIRATION: _____ / _____

Name on Card: _____