



Enrollment Form

You can always enroll at www.givecentral.org

PAYMENT METHOD

Credit Card Type (Circle) MASTERCARD VISA DISCOVER AMERICAN EXPRESS

Card Number _____

Security Code _____ Expiration Date _____
(3 non-embossed digits on the back of your card or 4 digits on front of AmEx)

OR: Bank Account Type (Circle) CHECKING SAVINGS

Bank Name _____

Account Number _____

Routing Number _____

PERSONAL INFORMATION *(must match credit card or bank account)*

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

GIFT NAME _____ AMOUNT \$ _____

Payment Frequency (Circle) ANNUAL ONE-TIME MONTHLY WEEKLY

Would you like to receive a call to sign up for additional gifts?

(Circle) YES NO

(required)

Signature _____ Date _____

Thank you for your generosity and support of our parish.