

# Holy Trinity Catholic Church

## Annual Offertory Appeal

PLEASE PRINT CLEARLY

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

### MY COMMITMENT FOR THE SUPPORT OF MY PARISH

\$ \_\_\_\_\_

- Per week  
 Per month

### BEGINNING NEXT SUNDAY

- Please send me envelopes.  
 I wish to make my gift electronically.  
(complete reverse side)

DONOR'S  
SIGNATURE \_\_\_\_\_

### Authorization For Electronic Transfer of Funds

In fulfillment of my stewardship commitment of treasure to my parish, I hereby authorize Holy Trinity Catholic Church of Lenexa to make electronic debit or credit entries and any necessary adjustments involving these entries in my account.

My Bank Name: \_\_\_\_\_ Beginning in (month): \_\_\_\_\_

Total Monthly Amount: \$ \_\_\_\_\_ Withdrawal Date: (select one)  5th  20th

Please apply the above amount as follows: \$ \_\_\_\_\_ Regular Offertory \$ \_\_\_\_\_ Capital Campaign  
\$ \_\_\_\_\_ Other (please explain) \_\_\_\_\_

This authority is granted to Holy Trinity Church until it has received written notification from me of its termination in such time and manner as to afford Holy Trinity and its bank a reasonable opportunity to act.

Your Name (please print): \_\_\_\_\_ Phone # \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please **ATTACH A VOIDED CHECK** from the appropriate account to this authorization card. **Do not use a deposit slip.** Return this completed card in the collection basket. Check here \_\_\_\_\_ if you do not wish to receive offertory envelopes.