



**OPERATION DEBT ELIMINATION**

9150 Pflumm Road  
Lenexa, KS 66215

# HOLY TRINITY

*Catholic Church*

## DEBT ELIMINATION CAMPAIGN 2017-2020

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

SIGNATURE \_\_\_\_\_

TOTAL COMMITMENT OVER 3 YEARS: \$ \_\_\_\_\_

ONE-TIME GIFT     YEARLY/3 YRS     MONTHLY/36 MTHS     WEEKLY/156 WKS

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

PLEASE CONTACT ME ABOUT GIVING TO THE DEBT ELIMINATION CAMPAIGN THROUGH STOCKS, BONDS, MUTUAL FUNDS OR ANY OTHER TYPE OF ASSETS. \$ \_\_\_\_\_

*Imagine the Possibilities – Operation Debt Elimination*



**OPERATION DEBT ELIMINATION**

Holy Trinity Catholic Church  
9150 Pflumm Road  
Lenexa, KS 66215

## Authorization for Electronic Transfer of Funds

In fulfillment of my Operation Debt Elimination pledge 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

This authority is granted to Holy Trinity Catholic 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 time-frame to act.

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

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

Please attach a voided check from the appropriate financial account to this authorization card. Do not use a deposit slip.



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