

Catholic Community of South Baltimore
 Holy Cross + St Mary + Our Lady of Good Counsel
 110 E. West Street, Baltimore, MD 21230

ELECTRONIC FUND TRANSFER

Office Use:	Envelope Number	Date:																						
Name (print)																								
Street Address		Phone																						
City	State	Zip																						
Email																								
Authorization: (please allow 6 weeks to process) <input type="checkbox"/> New Authorization <input type="checkbox"/> Amending Authorization <input type="checkbox"/> Terminating Authorization		Offering for: (check one) <input type="checkbox"/> Holy Cross <input type="checkbox"/> St Mary, Star of the Sea <input type="checkbox"/> Our Lady of Good Counsel <input type="checkbox"/> Mapping the Mission Endowment Campaign																						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Weekly Sunday Offering</td> <td style="text-align: right;">\$ _____ x 52 = _____</td> </tr> <tr> <td>Second Collection (Parish Needs)</td> <td style="text-align: right;">\$ _____ x 52 = _____</td> </tr> <tr> <td>Mapping Our Mission Endowment Campaign</td> <td style="text-align: right;">\$ _____ x 52 = _____</td> </tr> <tr> <td>Holy Days (Jan. 1, Aug. 15, Nov. 1, Dec. 8)</td> <td style="text-align: right;">\$ _____ x 4 = _____</td> </tr> <tr> <td>National and Archdiocesan Collection**</td> <td style="text-align: right;">\$ _____ x 8 = _____</td> </tr> <tr> <td>Christmas Donation</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Easter Donation</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Weekly Poor Box</td> <td style="text-align: right;">\$ _____ x 52 = _____</td> </tr> <tr> <td>Other (state intention) _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td colspan="2" style="text-align: right; padding-top: 10px;">ANNUAL TOTAL \$ _____</td> </tr> <tr> <td colspan="2" style="text-align: right; padding-top: 5px;">Monthly Contribution \$ _____</td> </tr> </table> <p style="font-size: small; text-align: center;">(monies will debited on the first business day after the 15th of the month)</p> <p style="font-size: x-small; text-align: center;">**(e.g. Special Care for Retired Priests; Holy Father Annual Appeal, Retired Sisters and Brothers, Holy Land, Seminarian Collection, Eastern Europe, Campaign for Human Development, Propagation of the Faith)</p>			Weekly Sunday Offering	\$ _____ x 52 = _____	Second Collection (Parish Needs)	\$ _____ x 52 = _____	Mapping Our Mission Endowment Campaign	\$ _____ x 52 = _____	Holy Days (Jan. 1, Aug. 15, Nov. 1, Dec. 8)	\$ _____ x 4 = _____	National and Archdiocesan Collection**	\$ _____ x 8 = _____	Christmas Donation	\$ _____	Easter Donation	\$ _____	Weekly Poor Box	\$ _____ x 52 = _____	Other (state intention) _____	\$ _____	ANNUAL TOTAL \$ _____		Monthly Contribution \$ _____	
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Please take my contribution directly from : <input type="checkbox"/> Checking account (voided check attached) <input type="checkbox"/> Savings account (deposit slip attached) (if amending previous authorization, no need to submit check or deposit slip if transfer is from the same account)																								
I have included the Parishes of the CCSB in my Will. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Please contact me about including the Parishes of the CCSB in my Will.																								
I authorize the Parishes of Catholic Community of South Baltimore to process debit entries to my account. This authorization will remain in effect until I give reasonable notification to terminate. Signature: _____ Date: _____																								