

**Church of the Holy Spirit
1800 East Libra Drive Tempe, AZ 85283-3216**

Automatic Monthly Contribution Options

Thank you for considering an automatic MONTHLY deduction for the purpose of your contribution to plate and/or debt retirement and facility maintenance fund.

Please print this form and complete the checking account information and enclose a voided check **or** supply the credit card information requested.

This deduction will begin on the 20th of each month beginning immediately, unless you indicate a different month.

Place the completed form in an envelope and return to the attention of Linda Culbertson. You may return the form by mail, place it in the collection basket or the “Drop Box” located at the front door of the Parish Office.

Please call (480) 838-7474 extension 108 if you have any questions. Or write to lindaculbertson@holyspirit-tempe-az.org .

STEWARDSHIP INTENTION - MEMBERSHIP RENEWAL

In gratitude to a loving and generous God for all His bountiful blessings, and in awareness of the responsibility of a good steward to share these gifts, it is my intention to use my talents and resources in whatever way I am able to support my parish, Holy Spirit Church.

Name(s) _____
(Please print)

Address _____
City Zip

Phone (Home) _____ (Cell) _____

Email Address _____

Ministry Participation or Interest: _____

AUTO PAYMENT AUTHORIZATION AGREEMENT

CHECKING ACCOUNT DEDUCTION : I (we) hereby authorize Church of the Holy Spirit to initiate monthly debit entries from my (our) checking account. **A VOIDED CHECK IS ATTACHED FOR THIS PURPOSE.** This authority is to remain in effect until Holy Spirit has received written notification from me (or either of us) of its termination.

My (our) total contribution in the amount of \$ _____ will be withdrawn the 20th of each month beginning _____ (indicate month and year please).

Please direct \$ _____ to plate and \$ _____ to the debt reduction fund monthly.

Authorized Signature _____

Date _____

CREDIT CARD DEDUCTION: MASTERCARD OR VISA CREDIT CARD ACCEPTED

I (we) hereby authorize Church of the Holy Spirit to monthly CHARGE my (our) CREDIT CARD listed below. This authority is to remain in effect until Holy Spirit has received written notification from me (or either of us) of its termination.

My (our) contribution in the amount of \$ _____ will be charged on the 20th of each month beginning _____.

Please direct \$ _____ to plate and \$ _____ to the debt reduction fund monthly.

MC OR VISA # _____

Expiration Date _____

Authorized Signature _____

Date _____