

AUTHORIZATION FORM

Your Name: _____
Inspiring secure giving

St. John the Baptist Parish
 444 St. John Street
 Pittsburgh, PA 15239

For Online Enrollment
 Use Church Code:

ES13147

Please circle Weekly or Monthly:

Offertory gift: Weekly / Monthly \$ _____

You may also choose to give to the following second and special collections. The amount indicated will be debited in the month listed as part of the regular monthly transaction.

REGULARLY OCCURRING PARISH SECOND COLLECTIONS:

- | | | | | | | | | |
|--|----------|-----------|----------|----------|----------|----------|----------|-----------|
| <input type="checkbox"/> Capital Improvement (monthly) | \$ _____ | January | \$ _____ | February | \$ _____ | March | \$ _____ | April |
| | \$ _____ | May | \$ _____ | June | \$ _____ | July | \$ _____ | August |
| | \$ _____ | September | \$ _____ | October | \$ _____ | November | \$ _____ | December |
| <input type="checkbox"/> Fuel Subsidy | \$ _____ | December | \$ _____ | January | \$ _____ | February | | |
| <input type="checkbox"/> Parish Social Ministry (2012) | \$ _____ | January | \$ _____ | April | \$ _____ | July | \$ _____ | September |
| | \$ _____ | December | | | | | | |

SPECIAL COLLECTIONS

- | | | |
|--|----------|----------------|
| <input type="checkbox"/> Parish Share | \$ _____ | Monthly |
| <input type="checkbox"/> Solemnity of Mary | \$ _____ | January |
| <input type="checkbox"/> St. Anthony School Programs / DePaul School for Hearing & Speech | \$ _____ | January |
| <input type="checkbox"/> Ash Wednesday | \$ _____ | February |
| <input type="checkbox"/> Easter Flowers * | \$ _____ | March |
| <input type="checkbox"/> Catholic Camp. for Human Dev. / Home Missions / Natl. Collection for Black & Indian | \$ _____ | March |
| <input type="checkbox"/> Good Friday / Holy Land | \$ _____ | April |
| <input type="checkbox"/> Easter Sunday (additional gift) | \$ _____ | April |
| <input type="checkbox"/> Catholic Relief Services / Church in Cent. & East. Europe, Latin America & Africa | \$ _____ | May |

SPECIAL COLLECTIONS (cont.)

- | | | |
|---|----------|-----------|
| <input type="checkbox"/> Ascension | \$ _____ | May |
| <input type="checkbox"/> Peter's Pence | \$ _____ | June |
| <input type="checkbox"/> Assumption | \$ _____ | August |
| <input type="checkbox"/> Bishop's Education Fund | \$ _____ | September |
| <input type="checkbox"/> World Mission Sunday | \$ _____ | October |
| <input type="checkbox"/> All Saints | \$ _____ | November |
| <input type="checkbox"/> All Souls | \$ _____ | November |
| <input type="checkbox"/> Retirement Fund for Religious | \$ _____ | November |
| <input type="checkbox"/> Christmas Flowers* | \$ _____ | December |
| <input type="checkbox"/> Immaculate Conception | \$ _____ | December |
| <input type="checkbox"/> Christmas Charities for Children & Youth | \$ _____ | December |
| <input type="checkbox"/> Christmas | \$ _____ | December |

* Please notify the church of the names of your intentions for these collections.

Parishioner Name(s): (please print) _____

Street Address: _____

City/State/Zip Code: _____

Telephone: _____ Email: _____

Church Envelope #:

FOR DIRECT DEBIT GIFTS FROM BANK ACCOUNT:

Account Type (check one):

- Checking Account (attach a voided check below)
 Savings Account (contact your financial institution for Routing #)

Routing Number: _____

Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____

FOR CREDIT OR DEBIT CARD GIFTS:

Type of Card (check one): Visa MasterCard American Express Discover Card

Credit/Debit Card #: _____ Expiration Date: _____

Print Name as Appears on Card: _____

Billing Address (if different from above): _____

I authorize St. John the Baptist Parish to process debit entries to my bank account or credit/debit card as stated above. I understand that a record of my gift s will appear on my bank statement or credit card statement and my transfers will begin next month. I understand that I can increase, decrease or suspend my giving by contacting the business office at 412-793-4511.

Signature: **X** _____ Date: _____