

Holy Rosary Automatic Withdrawal Offerings Sign Up

Please complete this form if you wish to make automatic payments from your bank account.

Name _____

Address _____

Phone No. _____ Envelope # _____

Email _____

To pay through your Bank Account, please place a void cheque in the box provided:

1. Please debit from my bank account on a monthly basis my gift of (please check appropriate amount or fill in an alternate amount):

\$ 50.00 _____ \$ 75.00 _____

\$100.00 _____ \$150.00 _____

\$200.00 _____

Other amount (please specify amount) _____

Please make my first gift on _____
(day/month/year)

2. If you wish to contribute \$20.00 yearly to help cover the costs of this program please indicate:

Yes _____ No _____

Signature

Date