

Contribution Type	Amount						Frequency Code	Start Date (MM/DD/YY)	Continuous Payments	Number Payments
	\$	\$	\$	\$	¢	¢				
<input type="checkbox"/> WEEKEND OFFERTORY										
<input type="checkbox"/> DEBT REDUCTION										
<input type="checkbox"/> CAPITAL FUND										
<input type="checkbox"/> TUITION AID										
<input type="checkbox"/> CHRISTMAS OFFERING										
<input type="checkbox"/> EASTER OFFERING										
<input type="checkbox"/> OTHER _____										

Frequency Codes: **OT** · ONE TIME **WE** WEEKLY **BW** BI-WEEKLY **MO** MONTHLY **BM** BI-MONTHLY
AN · ANNUALLY **SA** · SEMI-ANNUALLY

First Name																Envelope Number			
Last Name																			
Address																			
City																			
State																			
Phone Number																			
Email																			

<input type="checkbox"/> Credit/Debit Card																<input type="checkbox"/> eCheck																		
Type																(Select only one)																		
Card Number																Checking																		
Exp Month																Savings																		
Exp Year																Routing Number																		
Security Code (AMX 4 Digits)																Account Number																		

I AGREE TO THE TERMS AND CONDITIONS LISTED ON THE REVERSE SIDE

Signature _____