

2017 Tithe Pledge

Membership ID:

Name:

Address:

City & Zip:

E-Mail:

Preferred E-Mail:

Home Phone:

Cell Phone(s):

Yes! I/We pledge to support Sacred Heart Parish with a tithe gift of: \$_____ every

(Check one) **Week** ____ **Month** ____ **Year** ____ **Other** _____

Please select ONE tithing option:
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#1) _____ ELECTRONIC GIVING.

Sacred Heart will initiate debit entries to your account based on **one** bullet option you select below.

If this is the first time you are opting for electronic giving, please include a voided check.

Thank You! This realizes a cost savings to the parish and maximizes your tithe gift!

- _____ Once/month on either _____ 1st or _____ 15th
- _____ Twice/month on the 1st **and** the 15th
- _____ Weekly, every Tuesday

#2) _____ ONLINE BANKING.

You initiate the payment amount, frequency and date of payment to Sacred Heart via your bank's website. **Please use your Membership ID, found at the top of this form, as your account number and notate "Tithing" in the memo.**

Thank You! This realizes a cost savings to the parish and maximizes your tithe gift!

#3) _____ STEWARDSHIP ENVELOPES.

- _____ I/We make weekly payments. Please mail stewardship envelopes to my home address.
- _____ I/We make one monthly payment. Please mail a monthly stewardship envelope to my home address.

Thank you for tithing to our Sacred Heart parish family!

>>>>Thank you & kindly return promptly your Stewardship/Tithing Form :

1) Via enclosed return envelope 2) E-mail to office@sacredheartwdm.org 3) Fax: 515.225.0286

If you have questions please call our Parish Office: 515.225.6414