



ST. AUSTIN CATHOLIC PARISH

OFFERTORY PLEDGE AND CONTRIBUTION FORM

MAY 1, 2017-APRIL 30, 2018

Please return this form to the parish office or place it in an envelope in the offertory collection at Mass.

1. FAMILY INFORMATION

Name(s) _____

Address _____ City/St _____ Zip _____

Telephone _____ Email _____

For Office Use Only: Env# _____ ID# _____

GUIDELINES FOR GIVING

As you consider your commitment to St. Austin, please review these guidelines to help you determine an appropriate level of giving based on your means. Thank you for prayerfully considering your commitment level.

SUGGESTED WEEKLY CONTRIBUTION BASED ON INCOME			SUGGESTED WEEKLY CONTRIBUTION BASED ON A PERCENTAGE INCREASE			
Annual Income	5% Commitment (annually/weekly)	3% Commitment (annually/weekly)	Current Contribu- tion	25% Increase	30% Increase	40% Increase
\$100,000	\$5,000/\$100	\$3,000/\$60	\$5.00	\$6.25	\$6.50	\$7.00
75,000	3,750/75	2,250/45	10.00	12.50	13.00	14.00
60,000	3,000/60	1,800/36	20.00	25.00	26.00	28.00
50,000	2,500/50	1,500/30	25.00	31.25	32.50	35.00
40,000	2,000/40	1,200/24	30.00	37.50	39.00	42.00
30,000	1,500/30	900/18	40.00	50.00	52.00	56.00
25,000	1,250/25	750/15	50.00	62.50	65.00	70.00
15,000	750/15	450/9	75.00	93.75	97.50	105.00

2. PLEDGE

In gratitude to God for His many blessings and in support of the mission of St. Austin Catholic parish, I/we make the following pledge for the May 1, 2017-April 30, 2018 Offertory year:

\$ _____ per: Week Month Quarter Year Other _____

I/we recognize that this is not a legally binding pledge but rather a statement of intent to support St. Austin Catholic Parish during the period and in the manner named above. I/we acknowledge that St. Austin will not provide any goods or services in whole or part in exchange for this gift.

Signature _____ Date _____

Please complete the contribution information on reverse.

3. CONTRIBUTION

Please select how you wish to make your contribution to our offertory collection:

Checks/cash. For record-keeping purposes we ask that cash donations be placed in offertory envelopes or an envelope labeled with your name and address.

Check here if you wish to receive parish **offertory envelopes** (for the first time or continuing).

Recurring transactions through direct debit or credit card. Please complete the information below for our records, even if you already have an existing recurring transaction and will not be changing anything.

Gift of Stock. Parish staff will contact you with stock transfer information.

4. BANK ACCOUNT WITHDRAWAL AND DEBIT/CREDIT CARD AUTHORIZATION

Please complete the appropriate information below if you'd like to initiate online contributions.

If your family already contributes online and has no changes to your account information, initial here: _____

Checking Account Withdrawal

You must attach a voided check to this form in order to process a checking account withdrawal.

Withdrawal Amt: \$ _____ Date of First Transaction _____

Reoccurring Withdrawal Date: Weekly on _____ Monthly on the _____ Other _____

I authorize St. Austin Catholic Parish to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Signature (Required): _____ Date _____

Debit/Credit Card

Card # _____ Exp _____ / _____

Card Type: Visa MC Discover CVV: _____

Withdrawal Amt: \$ _____ Date of First Transaction _____

Reoccurring Withdrawal Date: Weekly on _____ Monthly on the _____ Other _____

Billing Address (if different from above): _____

I authorize St. Austin Catholic Parish to process transactions in accordance with the information above. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Signature (Required): _____ Date: _____

Please contact the parish office to make any changes to your authorization.



for your commitment to St. Austin!