

GUARDIAN ANGELS PARISH CLAWSON ELECTRONIC GIVING ENROLLMENT

I would like to enroll in Guardian Angels Parish Clawson Electronic Giving. I understand that my contribution amount will be transferred directly from my bank account or credit/debit card. A record of my gifts will appear on my bank or card statement. My transfer(s) will begin next month. I understand that I can increase, decrease or suspend my giving by contacting the Parish Offices at 248-588-1222 or email at michaelk@guardiana.com.

Process My Offertory Gift

- ☐ \$ _____ Weekly (withdrawn on Monday)
- ☐ \$ _____ Monthly (withdrawn the first Monday of the month)
- ☐ \$ _____ One-time gift

In addition to my offertory gift above, please process any of the following Special Collections which have been marked below, on the first or third Monday of the month as noted:

- ☐ \$ _____ First Offering (January, 1st)
- ☐ \$ _____ Solemnity of Mary (January, 1st)
- ☐ \$ _____ Aid for the Church in Central/Eastern Europe (February, 1st)
- ☐ \$ _____ Catholic Relief Services (March, 1st)
- ☐ \$ _____ Easter Flowers (March, 1st)
- ☐ \$ _____ Easter Sunday (in addition to the regular Sunday gift) (April, 1st)
- ☐ \$ _____ Peter's Pence (June, 1st)
- ☐ \$ _____ Assumption of Mary Holyday (August, 1st)
- ☐ \$ _____ Propagation of the Faith (Mission Sunday) (October, 3rd)
- ☐ \$ _____ All Saints Day Holyday (November, 1st)
- ☐ \$ _____ All Souls Day Holyday (November, 1st)
- ☐ \$ _____ Catholic Charities of Southeast Michigan (November, 3rd)
- ☐ \$ _____ Retirement Fund for Religious (December, 1st)
- ☐ \$ _____ Immaculate Conception Holyday (December, 1st)
- ☐ \$ _____ Christmas Flowers (December, 1st)
- ☐ \$ _____ Christmas/Year-end gift (December, 3rd)

For Bank Account Debit: Please return this completed form and a voided check to the Parish Office.

For Credit Card/Debit Card: Please indicate which type of card:

- ☐ MasterCard ☐ VISA ☐ American Express ☐ Discover

Please print the cardholders name as it appears on the card: _____

☐ Credit/Debit Card # _____ Security Code _____ Expiration Date _____

Signature: _____

Street Address _____ City _____ State _____ Zip _____

Guardian Angels Parish Clawson – 581 E Fourteen Mile Rd – Clawson, MI 48017