

St. Thomas More Parish

One Time Contribution

Please complete the appropriate form below to make a one time contribution to either the Sunday Offertory or to Debt Reduction. Thank you for your support.

I would like to make a one time contribution to: ___Sunday Offertory ___Debt Reduction

Credit Card Option

Name(s): _____

Telephone Number: _____ E-Mail Address: _____

Name as it Appears on the Credit Card: _____

Credit Card Type: Visa MasterCard American Express Discover

Credit Card Number: _____ Exp. Date: _____

I (we) authorize St. Thomas More Parish to charge my credit card account for:

\$_____ for Sunday Offertory \$_____ for Debt Reduction

I understand that this/these amount will be charged directly to my Credit Card account, a record of my gifts will appear on my Credit Card statement.

Signature: _____ Date: _____

Signature: _____ Date: _____

ACH Transfer

Name: _____

Phone: _____ email: _____

Bank Name: _____

Routing Number: _____ Account Number _____

I understand that my contribution will be transferred from my checking/savings account one time only within five working days of receipt of this form. A record will appear on my bank statement.

Signature: _____ Date: _____

Signature: _____ Date: _____