

**Enroll in our Electronic Giving Program,** and your tax-deductible gift will be conveniently transferred each month from your checking or credit card account directly to St. Katharine Drexel Catholic Parish. A record of each electronic gift will appear on your monthly bank or credit card statement. You may increase, decrease, or suspend your electronic gift at any time by calling the parish office at (209) 223-2970. Here's how to join:

1 Fill out the form below the dotte	ad line, indicating the amount you wa	int to contribute each
1. Fill out the form below the dotted line, indicating the amount you want to contribute each month. Indicate the amount here and keep this top half of the form for your records:		
\$ Please check <b>one</b> of the following:		
Once a month (on the 5 <sup>th</sup> )	Twice a month (on the 5	5 <sup>th</sup> and 20 <sup>th</sup> )
Once a month (on the 20 <sup>th</sup> )	This is a one-time-only	gift
2. Be sure to <b>sign your name</b> and indicate <b>today's date</b> at	the bottom of this form.	
<ol> <li>Return the completed enrollment form below to St. Kath voided check or your credit card information. We accept offerings will begin transferring in about four weeks.</li> </ol>		
You may also enroll in our Electronic Giving Prog St. Katharine Drexel Catholic Parish th		
Give, and there will be gifts for you: a full measure, pre- will be poured into your lap; because the standard you		
cut along this line and s		
Please sign me up for St. Katharine Drexel's Ele	ectronic Giving Program.	
- OR -	nonth on the $\Box 5^{th}$ or the $\Box 20^{th}$ .	All gifts provided to St. Katharine Drexel Catholic Parish originat-
Please transfer my gift of \$\frac{\$}{}\$ twice a n - OR -	month on the 5" <b>and</b> the 20".	ing as Automated Clear- inghouse Transactions
Please transfer my gift of \$ as a one-time-only gift. comply with U. S. law.		
I have enclosed a voided check. Please transfer my gift f	rom my checking account as specifie	ed above.
Here is my credit card information. Please charge my cre	edit card for my gifts. (VISA, MasterC	ard, or Discover Card)
Card #:	Ехр. С	Date: /
I understand that my future monthly gifts will be transferred discard, and that I can increase, decrease, or suspend my giving		
Please print:	Check one item below:	Mail this form to:
Name:	Offertory	St. Katharine Drexel Parish Center
Address:	Building Repair	11361 Prospect Drive Jackson, CA 95642
City: State: ZIP:	Religious Education	(209) 223-2970
Telephone:	St. Vincent de Paul Society	
E-mail:	Parish Center Capital Campaign	
	Bulletin Advertising Payment	t
Comments:		
SIGNATURE: TODAY'S DATE:		