

ONLINE GIVING FORM

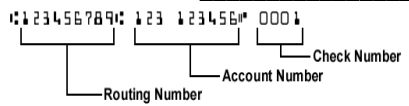
Online Giving

There are a few easy ways to move your regular stewardship to online giving:

- 1) From our website at www.churchofstjoseph.org/donate
- 2) Online Giving Form (attached) mailed back to the parish.
- 3) Call Vanco customer service call line – our online giving provider:
 - * 1-800-675-7430, option 1 (client services)
 - * You would need to give them our name, address
 Church of St. Joseph, 1154 Seminole Ave., West St. Paul, MN 55118 (Client ID #ES3866)
 They will help set up any recurring or one-time donations.
- 4) Call the Parish Office for assistance at 651-457-2781

Last Name	First Name	
Address		
City	State	Zip
Email Address		

Payment Frequency: <input type="checkbox"/> one-time <input type="checkbox"/> Recurring (select one)- <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Other _____
Date of a one-time payment ____/____/____ Starting Date of a Recurring Payment: ____/____/____

CHECKING / SAVINGS	Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ 
	I authorize the above organization 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. Authorized Signature: _____ Date: _____	
CREDIT/DEBIT CARD	Please charge my payment to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	Credit Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
	I authorize the above organization to charge my credit card in accordance with the information above. Signature (as it appears on the credit card): _____ Date: _____	



CHURCH OF ST. JOSEPH
HOW CAN WE HELP?

Current Contact Information (if there are any changes during this time)

Last Name		First Name	
Address			
City		State	Zip
Email Address			
Phone Numbers			

Preferred Contact Method

- I do not have internet access at this time and would prefer bulletins and updates mailed to me.
- I'm already receiving emailed updates.
- Please add me to your emailed updates.

Practical Needs

Do you have any practical needs at this time that we can possibly assist or connect you with services?

Prayer Requests

What prayer requests might you have that can be offered during Fr. Creagan and Fr. Wratkowski's Masses and can be passed along to our Parish Intercessors?

*Please complete this form and mail back to:
Church of St. Joseph, 1154 Seminole Ave., West St. Paul, MN 55118*