

WESHARE ONLINE GIVING ENROLLMENT FORM



Don't want to go online?

Fill out this form and return it to your parish office

Name of Church: _____

Parishioner Name(s): _____ Church Envelope #: _____

Street Address: _____ City/State/ZIP: _____

Telephone: _____ E-mail: _____

I would like to use a checking account to make my contribution.

Please bring this completed form, along with a **voided check**, to the church office.

Holy Trinity Parish Office
9150 Pflumm
Lenexa, KS 66215

I would like to use a credit card to make my contribution. VISA MasterCard American Express Discover

Credit Card Number: _____ Expiration Date: _____

Name on Card: _____

Billing Address (if different from above): _____

Funds & Amounts

Weekly*

Monthly*

Bi-Monthly*

Quarterly*

Semiannually*

General/Offertory \$ _____

***Weekly Donations:** Please indicate day (Sun/Mon/Tues/Wed/Thurs/
Fri/Sat)

***Monthly Donations:** Please indicate the day of the month

***Bi-Monthly Donations:** Donations debit on the 1st and 15th of the month

***Quarterly Donations:** Donations debit on Mar 31st, June 30th, Sept 30th,
and Dec 31st

***Semiannual Donations:** Please indicate month and date. Second
donation will automatically occur 6 months from that date.

Annual Contributions

Easter Offering: \$ _____ (One-time transfer on April 1st)

Christmas Offering: \$ _____ (One-time transfer on December 15th)

I understand that I am enrolling in the WeShare Online Giving program. I authorize that my contribution amount will deduct directly from my checking account or credit card as stated above, and a record of my contribution will appear on my bank or credit card statement. I understand that I can increase, decrease, change the frequency, or suspend my online giving contribution at anytime by contacting WeShare at (800) 950-9952 x2007.

Signature: X _____ Date: _____

This form will be shredded after the account is set up.