

St. Camillus Church
1600 St. Camillus Drive
Silver Spring, MD 20903
Ph: (301)434-8400
Fax: (301)434-8041

Print Name: _____

Address: _____

Phone: _____ Envelope Number: _____

Amount for Regular Offertory
Weekly Amount pledged _____ x 4.3 weeks per month = \$ _____

Amount for Maintenance \$ _____

Amount for Special Collections \$ _____

Total monthly contribution: \$ _____

Electronic Funds Transfer Information: **(Please attach a voided check)**

Account Name: _____

Account Number: _____

Bank: _____

Routing Transit Number: _____

Type account: Checking or Savings (circle one)

This authorization is to remain in force and effect until the St. Camillus Church has received written notification from me of its termination in such time and in such manner as to afford the Church a reasonable opportunity to act on it.

Authorized by: _____
(Signature)

Date: _____

Upon completion, please place in an envelope and mail this form plus a voided check to the parish (address above) or slide through the mail slot of the front door of the friary.