

Church of St. John the Evangelist of Little Canada

380 LITTLE CANADA ROAD, SAINT PAUL, MN 55117

TEL 651.484.2708 * WWW.STJOHNSOFLC.ORG



2020 PARISH STEWARDSHIP INTENTION FORM

Please Print Name

Email Address

Street Address

Best Phone Number to be reached

City, State, Zip

Lord Jesus, pour your Spirit upon us so that we may do the will of our Father.

Let our commitment of Stewardship be a sign of our love for you.

I/We will financially support the ministries and services of the parish by making a pledge to one or more of the following categories:

Sunday Offerings - (please fill in \$\$ amount for only one: weekly, monthly or annually)

My/our intent is to give \$_____ Weekly \$_____ Monthly \$_____ Annually (one-time gift)

Mortgage Fund - (please fill in \$\$ amount for only one: weekly, monthly or annually)

My/our intent is to give \$_____ Weekly \$_____ Monthly \$_____ Annually (one-time gift)

General Second Collection - (please fill in \$\$ amount for only one: weekly, monthly or annually)

My/our intent is to give \$_____ Weekly \$_____ Monthly \$_____ Annually (one-time gift)

Saint John School Tuition Assistance - (please fill in \$\$ amount for only one: weekly, monthly or annually)

My/our intent is to give \$_____ Weekly \$_____ Monthly \$_____ Annually (one-time gift)

We give by Contribution Envelopes using cash or checks (To add, delete, or change the frequency, call 651-484-2708)

OR, **ELECTRONIC GIVING OPTIONS** Please sign below to authorize the amounts listed above if you are going to give by EFT or Credit Card. If you are not changing your current bank or credit card company, you do not need to re-enter EFT or CC data.

Electronic Funds Transfer (EFT) Must attach voided check/savings account slip

Bank Name _____ Account # _____

Weekly Monthly on the **5th** **15th** **28th** (circle one) One Time

Credit Card (CC):

Visa MasterCard Discover American Express (circle one)

Weekly Monthly on the **5th** **15th** **28th** (circle one) One Time

Card Number _____ Exp. Date _____ - _____

Automatic Bill Pay, Gift of Charitable Funds, Stock, or Other set up by parishioner

I/We hereby authorize Saint John's Church of Little Canada to initiate debit entries to my/our checking account, or credit card as indicated above and my/our financial institution named above to debit same to such account. This authority will commence on **January 1, 2020** on the date circled and will remain in effect until I/we notify Saint John's Church to change or cancel it.

PRINT, SIGN, DATE BELOW ONLY if you are enrolling or making a change to your electronic giving option.

Name Printed _____ Signature _____ Date _____

