Lord, help me recognize all the gifts you have given me, those seen and unseen. Help me to understand that I am accountable for these gifts and to share them joyfully just as generations before me have done.

Help me be more generous with all my gifts, without expecting anything in return. Through prayer, help me listen to your will and not to ask for my own desires.

Help me open my heart to be more grateful, forgiving and loving. Help me have the courage to be your hands, feet and voice to continue your work. Lord, help me be all you’ve called me to be and to always love as you love. — Amen
Name (s): ________________________________________________________________
Address: ______________________________________________________________________________________________
City: __________________________________ State: __ Zip: ______ Phone: ____________________________
Cell: ____________________________ E-mail: __________________________________

Stewardship of Treasure

In response to God’s blessings, I/we COMMIT the following support for the 2021 Stewardship Campaign

Weekly Offering: $__________
Monthly Offering: $__________
Bi-Monthly Offering: $__________
Total Annual Gift: $__________

Weekly Tithe (Amount Based on % of Income)

<table>
<thead>
<tr>
<th>Annual Family Income</th>
<th>10%</th>
<th>8%</th>
<th>6%</th>
<th>5%</th>
</tr>
</thead>
<tbody>
<tr>
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<td>$15</td>
<td>$12</td>
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</tbody>
</table>

Ways to Tithe at Our Lady of The Atonement Catholic Church

ONLINE GIVING (preferred) - If you are already enrolled, login to your parishsoft account and make changes. To set up an account go to https://giving.parishsoft.com/app/giving/our1541159

☐ ENVELOPE (cash or check)
If you do not currently receive envelopes, we will send you envelopes if the box is checked.

CREDIT CARD - please complete form below

STOCKS AND OTHER FINANCIAL CONTRIBUTIONS
Does your employer offer matching gifts or have stock options that you would like to use?
Please contact Sandra Alejo at (210) 695-2944 or salejo@atonementonline.com

Credit Card (Visa, MasterCard, AMEX) (circle one):

CC#: ____________________________________________ Exp. Date ___________ cvv# _________
Signature: ______________________________________ Phone: ____________________________
Please Print Name: ____________________________________________ Date: ___/___/____
Billing Address: _____________________________________________________________________________