

Ways To Support The Parish

We are so grateful to all of our parishioners who continue to support the parish, and those who have signed up for automatic giving. Your continued generosity sustains our mission to serve God and bring our parish together to celebrate His love.

Please explore the below opportunities for sharing your generosity with the parish.



We cannot do it without your help!



- Weekly envelopes can be brought to Mass or mailed to the Parish Center using the self addressed return envelope that comes with your offering mailing.
- One time donations or ongoing offerings using your credit card or direct bank withdrawal can be accepted using the authorization form below. You can mail it to the Parish Center or email kmergl@stelizabeth.org for assistance with this process.
- You can contact your bank to issue a donation check to the parish on your behalf. Following your instructions, the bank will mail a one time or recurring check, with no additional fees to you.

We Appreciate Your Ongoing Support ... May God Bless You And Your Families!

Credit Card Authorization *Please Write Clearly*

Elect Automatic Monthly Giving

Card Number: _____ Exp. Date: _____

Security Code: _____ Card Type: Visa Mastercard American Express

Card Holder Name : _____

Billing Address: _____

I authorize Saint Elizabeth of Hungary Church to charge my credit card as authorized here:

Recurring Donation Of \$_____ charged on the 15th of every month.

One Time Donation Of \$_____ charged upon receipt of this authorization.

* **Signature:** _____ **Date:** _____



Direct Bank Withdrawal Authorization *Please Write Clearly and Include a Voided Check If Available.*

Account Type: Checking Savings Bank Name: _____

Account Holder Name: _____

Routing Number : _____ Account Number: _____

Billing Address: _____

I authorize Saint Elizabeth of Hungary Church to withdraw from the bank account provided as authorized here:

Recurring Donation Of \$_____ withdrawn on the 15th of every month.

One Time Donation Of \$_____ withdrawn upon receipt of this authorization.

* **Signature:** _____ **Date:** _____