

Epiphany of Our Lord Church—Electronic Giving Enrollment

2017 PARISH SUNDAY CONTRIBUTION

Place your dollar contribution (no cents) on the blank line. Choose one.

- \$ _____ Weekly Sunday Amount (52 withdrawals)
- \$ _____ Bi-Weekly Sunday Amount (26 withdrawals)
- \$ _____ Monthly Sunday Amount (12 withdrawals)
- \$ _____ Customized Sunday/Holyday Amounts (to fit your budget)

2017 HOLYDAY, DIOCESAN & OTHER CONTRIBUTIONS

Place your dollar contribution (no cents) on the blank line.

\$ _____	Solemnity of Mary, Holy Mother of God	January	1
\$ _____	Catholic Relief Service♦	January	22
\$ _____	Care of Aging Priests♦	February	19
\$ _____	Ash Wednesday	March	1
\$ _____	Archdiocese of Military Services♦	March	5
\$ _____	Church in Latin America♦	March	12
\$ _____	Rice Bowl♦	April	2
\$ _____	Easter Flowers	April	9
\$ _____	Holy Thursday	April	13
\$ _____	Good Friday (Holy Land)♦	April	14
\$ _____	Catholic Home Missions♦	May	7
\$ _____	Ascension of the Lord	May	25
\$ _____	Peter's Pence♦	June	25
\$ _____	Human Development♦	July	9
\$ _____	Feast of the Assumption	August	15
\$ _____	Catholic University♦	August	20
\$ _____	Missionary Cooperation Plan♦	August	27
\$ _____	Black & Indian Mission♦	September	10
\$ _____	Mission Sunday♦	October	22
\$ _____	All Saints	November	1
\$ _____	All Souls	November	2
\$ _____	Thanksgiving Day	November	23
\$ _____	Retirement Fund for Religious♦	December	3
\$ _____	Immaculate Conception B.V.M.	December	8
\$ _____	Christmas Flowers	December	17

♦ Denotes contributions sent directly to the Archdiocese of Philadelphia

You will still receive the Easter, Christmas & Stewardship envelopes in the mail.

SIGNATURE

Name: _____
Please Print

_____ Envelope #

_____ Signature

_____ Date

Continued on the reverse side

Epiphany of Our Lord Church

ACH Authorization Agreement

For Electronic Giving

I (we) hereby authorize Epiphany of Our Lord Church, hereinafter called, "Epiphany," to initiate debit entries to my (our),

(Select one:) Checking Account Savings Account

indicated at the depository financial institution named below, hereinafter called "Depository," and to credit the same to such account in the event of an error.

I (we) acknowledge that the origination of Automated Clearing House transactions, hereinafter called "ACH," to my (our) account must comply with the provisions of U.S. law.

Depository Name: _____ Branch: _____
(PLEASE PRINT)

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

*Attach a pre-printed voided check for your checking account
or a deposit ticket if using your savings account*

This Authorization is to remain in full force and effect until Epiphany has received written notification from me (or either of us) of its termination in such time and in such manner that Epiphany and Depository have a reasonable opportunity to act on it.

Name: _____ Envelope #: _____
(PLEASE PRINT)

Signature: _____ Date: _____

WRITTEN DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING EPIPHANY IN WRITING.

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