

# HOLY TRINITY CATHOLIC CHURCH

Westmont, IL

I / we hereby authorize Holy Trinity Catholic Church to:

- Charge my credit card Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ American Express \_\_\_\_\_ DiscoverCard \_\_\_\_\_  
(Charge total must be over \$50)

Account # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Security Code (last three numbers on the signature line on back of card) \_\_\_\_\_

- Debit my Checking account \_\_\_\_\_ Savings Account \_\_\_\_\_

9 Digit Routing # \_\_\_\_\_ Account # \_\_\_\_\_

The monthly donation will begin \_\_\_\_\_, and continue until our office is notified to discontinue the debit or charge.  
Please indicate when you wish your charge or debit to occur and the amount:

1<sup>st</sup> of the month \_\_\_\_\_ or the 15<sup>th</sup> of the month \_\_\_\_\_.

Sunday Collection \$ \_\_\_\_\_ Capital Improvements \$ \_\_\_\_\_ Heritage of Faith \$ \_\_\_\_\_

School Tuition/Extended Care \$ \_\_\_\_\_ (July through April) School Fees \$ \_\_\_\_\_  
(Please indicate what fee you are charging) \_\_\_\_\_

Religious Education Tuition \$ \_\_\_\_\_ Heart of Christ \$ \_\_\_\_\_ Deficit Assistance \$ \_\_\_\_\_

Please indicate a one-time amount you wish to give to the following (these will be taken in the month indicated)

Solemnity of Mary (Jan)	\$ _____	Latin American Collection (Jan)	\$ _____
Catholic School (Jan)	\$ _____	Eastern Europe (Feb)	\$ _____
Home Mission (Feb)	\$ _____	Catholic Relief Services (Mar)	\$ _____
Easter Flowers (Mar)	\$ _____	Holy Land-Good Friday (Apr)	\$ _____
Easter (Apr)	\$ _____	Ascension (May)	\$ _____
Peter's Pence (July)	\$ _____	Assumption (Aug)	\$ _____
Catholic Charities (Aug)	\$ _____	World Mission (Oct)	\$ _____
All Saints (Nov)	\$ _____	Campaign for Human Dev (Nov)	\$ _____
Christmas Flowers (Dec)	\$ _____	Immaculate Conception (Dec)	\$ _____
Religious Retirement (Dec)	\$ _____	Christmas (Dec)	\$ _____

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Please return this form to the rectory office or drop it in the Sunday collection. If you have any questions, please contact Mary at (630) 968-1366 X119. **Thank you and God Bless You.**