



*Church of
St. Joseph – St. Thomas*
6097 Amboy Road
Staten Island, NY 10309
718-356-0294



Offertory Enrollment Form

REGULAR COLLECTIONS: \$ _____
 (Monthly Donation, i.e. \$20.00 per week x 4 weeks = \$80.00)

SECOND COLLECTIONS:

Energy \$ _____

School Maintenance \$ _____

CHRISTMAS DONATION: \$ _____

EASTER COLLECTION: \$ _____

HOLY DAYS OF OBLIGATION: \$ _____
 (All Saints, Immaculate Conception, Mary Mother of God, Ascension Thursday, Assumption, etc.)

I would like to make my payments by direct debit from my bank account.

9 Digit Routing # _____ Account # _____

Checking Account Savings Account

Authorized Signature _____ Date _____

Some of you may be paying your monthly bills via online banking and you may wish to include your offertory donation to St. Joseph – St. Thomas Church in the same way. Please use your envelope number as the identifier.

I would like to make my payments by credit card. Please charge my:

Visa MasterCard American Express Discover

Card # _____ Exp. Date _____

Authorized Signature _____ Date _____

ENVELOPE #: _____ (if unknown, leave blank) TELEPHONE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ CELL: _____

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