



Name(s) _____

Address _____

Phone _____ E-Mail _____

I/WE INTEND TO GIVE . . .

- \$ _____ weekly
- \$ _____ semi-monthly (1st and 15th)
- \$ _____ monthly (1st)
- \$ _____ monthly (15th)
- \$ _____ annually

My TOTAL Annual Gift: \$ _____

THIS GIFT WILL BE EFFECTIVE:

- Immediately
- Starting on (date) _____ (**required**)
Ending on (date) _____ (optional)

MATCHING GIFTS

- My employer will match all or part of my gift.
Company Name _____

PLEASE SELECT FROM THE OPTIONS BELOW:

- I would like to set up/manage my online giving.**
Please visit www.st-barts.org/giving and click "GIVE NOW"
- I would like St. Bartholomew to set up/adjust my online giving.**
Please complete both sides of this card.
- I would like to give by another method.**
Please check the appropriate box below:
 - Weekly Offering Envelopes (for check or cash)
 - IRA Distribution
 - Donor Advised Fund
 - Gift of Stock or Commodities

CONTRIBUTION ENVELOPES:

- I wish to receive WEEKLY envelopes.
- I wish to receive MONTHLY envelopes.
- I do not wish to receive WEEKLY or MONTHLY envelopes.
You will still receive special collection envelopes.

ELECTRONIC TRANSFER

I hereby authorize St. Bartholomew Catholic Church to set up and automatically withdraw my stewardship donation from my checking account or credit card (indicate one below). This authorization will remain in effect until I notify St. Bartholomew in writing to cancel or change the terms of this agreement at least three business days in advance.

Signature _____ Date _____

Please indicate how you would like deductions made:

CHECKING:
Bank Routing #: _____ Account #: _____

CREDIT CARD:
 Mastercard Visa Discover American Express

Account # _____

Expiration Date ____/____

Cardholder Name (please print) _____

You can also complete your pledge online.

Go to st-barts.org and click "Log In" or scan the QR code.



Questions?

Contact Marilyn Peller Nelson:

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