



Financial Pledge 2013 & 2014 Annual Giving Appeal Form

Complete this form to submit a financial pledge to St. John. The Annual Giving Appeal asks for your pledge of financial support to fund Church needs. We all have different levels of financial resources, but we are all called to return in a measure we have been blessed. Parishioners pledged over \$1.1 million dollars in 2012 to support the parish. The Annual Giving Appeal funds over 70% of the regular Annual Operating Budget which supports all ministries of our church including education, music, liturgy, youth activities, cemetery, Spanish liturgy, and many more.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

E-mail #2: _____ Phone #2: _____

Reflecting on the Lord's call to participate in the Church, and in gratitude for many blessings, I/we pledge to give to St. John in the amount of:

Please insert your financial pledge for 2013 here: \$ _____

(You have 12 months - all of 2013 - to fulfill this pledge.
Insert the total amount of money you plan to donate between Jan 1, 2013-Dec 31, 2013)

Please insert your financial pledge for 2014 here: \$ _____

(Consider increasing your pledge by 5%. You have 12 months - all of 2014 to fulfill this pledge.
Insert the total amount of money you plan to donate between Jan 1, 2014-Dec 31, 2014.)

How to fulfill your pledge:

- Place donations in the collection plate at Mass. Parishioners receive donation envelopes in the mail bi-monthly.
- If you lose your envelopes, feel free to place in a plain envelope. Include your envelope # on all checks.
- Join the 250+ parishioners who participate in our electronic giving program. See back for details.
- Donate stocks, mutual funds, and bonds.

PLEASE RETURN THIS FORM IN THE COLLECTION BASKET OR MAIL TO:

St. John Catholic Church
c/o Samantha Romero, Development
1229 Vermont
Lawrence, KS 66044

Electronic Funds Transfer Authorization

AUTHORIZATION AGREEMENT

Complete the info below, and **attach a voided check**. This authorization remains effective until St. John receives notification of change or termination. This allows your donation to be automatically withdrawn from your bank account.

I am already enrolled in this program. Use my current bank info on file to fulfill my pledge. You do not need to provide a voided check but please indicate how much you want withdrawn from your account and when. Thank you! Questions or changes? Contact Samantha Romero: 843-0109, sromero@saint-johns.net

I/we hereby authorize St. John withdraw from my account: (check one)

- MONTHLY OPTION:** to be withdrawn from your account on the 15th day of each month.
- Please withdraw \$_____ each month in **2013**.
 - Please withdraw \$_____ each month in **2014**.
Consider a 5% increase
- QUARTERLY OPTION:** to be withdrawn from your account on the 15th day of March, June, Sept, and Dec.
- Please withdraw \$_____ quarterly in **2013**.
 - Please withdraw \$_____ quarterly in **2014**.
Consider a 5% increase
- I am currently enrolled in this program and want to cancel my participation.

Signature: _____ Today's Date: ___/___/___ Phone: _____

Credit Card Authorization

AUTHORIZATION AGREEMENT

Complete the info below. This authorization remains effective until St. John receives notification of change or termination. This allows your donation to be automatically charged to your MasterCard, Visa, or Discover credit card.

I am already enrolled in this program. Use my current credit card info on file to fulfill my pledge. Please indicate how much you want charged to your credit card and when. Questions or changes? Contact Samantha Romero: 843-0109, sromero@saint-johns.net

Cardholder's Name _____

Billing Address _____ Card Number _____

City _____ St _____ Zip _____ Card Expiration Date _____

I/we hereby authorize St. John to charge my donation to my credit card: (check one)

- MONTHLY OPTION:** to be charged to your account on the 15th day of each month.
- Please charge \$_____ each month in **2013**.
 - Please charge \$_____ each month in **2014**.
Consider a 5% increase
- QUARTERLY OPTION:** to be charged to your account on the 15th day of March, June, Sept, and Dec.
- Please charge \$_____ quarterly in **2013**.
 - Please charge \$_____ quarterly in **2014**.
Consider a 5% increase
- I am currently enrolled in this program and want to cancel my participation.

Signature: _____ Today's Date: ___/___/___ Phone: _____