

***Transfiguration Parish
Financial Re-Investment Form***

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Please check the boxes below:

I/We will financially support the ministries and services of Transfiguration Catholic Church.

I/We will give: \$ _____

Weekly Monthly Quarterly Annually for a total of \$ _____ during 2012.

OPTION #1

I would like to pledge electronically. (Please check the authorization box below).

My bank information is the same as 2011.

I have new bank information. (Please include a voided check).

OPTION #2

I would like to pledge with my credit card. (Please check authorization below).

My credit card information is the same as 2011.

I have new credit card information:

Visa MasterCard Discover

Number _____

Expiration Date _____ - _____ Three Digit CSV Code (back of card) _____

I authorize Transfiguration Catholic Church, 6133 15th Street N., Oakdale, MN, to automatically withdraw my pledge amount. I included a voided check to provide necessary routing information. This authority remains in effect until I notify Transfiguration Catholic Church in writing to cancel, at least one week prior to the next withdrawal date, or by notifying my financial institution three days before my account is charged.

OPTION #3

I would like to give with weekly envelopes.

Signature _____ Date _____

“How can I repay the Lord for all the good done for me?” Psalm 116:12