AUTHORIZATION AGREEMENT FOR CREDIT CARD CHARGE(s)

TITHING AUTHORIZATION FORM

Parishioner Name:		Phone: E-Mail:				
Address:						
City/State:			Zip:			
I hereby authorize THE to initiate Tithes and nec			•	ter called C	HURCH,	
Card Type:	_VISA	MASTERCARD	DISCOVER	AM.EXPR	RESS	
Card Number:			CVC o	Code:		
Name on Card:				Exp. Date:		
				CHECK FRE	•	
(1) Regular Sunda	y Gift Amo	ount of Contribution \$_	•	Monthly		
(2) Building Fund	Amo	ount of Contribution \$_				
(3) School	Amo	ount of Contribution \$_				
(4) Cathedral Proj	. 2035 Amo	ount of Contribution \$_				
•	nation in suc	force and effect until CI h time and in such manr				
Name:						
		(Please Print)				
Sianed:			Date:			