

Cathedral of the Immaculate Conception

524 East Lawrence
Springfield, Illinois 62703
217.522.3342

Enrollment Form

YES! I'd like to support my church through *the Cathedral e- Giving* program!

Please transfer my gift of \$_____ Twice a month on the 1st and 15th.

OR

Please transfer my gift of \$_____ Once a month on the ___1st or ___15th.

Please transfer my monthly gifts from my checking or savings account each month as specified above. I understand that my future monthly gifts will be transferred directly from my account and that I can increase, decrease or suspend my giving at any time by calling the church at (217) 522-3342.

All transfers originating as Automated Clearing House (ACH) transactions from checking or saving accounts will comply with U.S. law.

Please Print

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: _____ E-mail: _____

Signature: _____ **Date:** _____

For Office Use Only: Envelope #: _____

ATTACH VOIDED CHECK HERE

Return this enrollment form to the church office, labeled EFT.

RETURN THIS PAGE TO THE OFFICE