



⌘ SAINT ⌘
AGATHA
 ⌘ CHURCH ⌘

1860 Northam Rd
 Columbus, Ohio 43221
 614-488-6149 / stagatha@st-agatha.org

ANNUAL STEWARDSHIP

Name: _____

Preferred E-mail:

Address: _____

Preferred phone number:

() _____

STEWARDSHIP OF TREASURE

Our household will pledge to contribute the following to St. Agatha Parish during this calendar year, ending December 31.

AUTOMATIC WITHDRAWAL USERS (EFT) – (On or around the the 15th of the month)

\$ _____ monthly X 12 months = \$ _____ per year

OR,

\$ _____ quarterly X 4 payments = \$ _____ per year

OR,

\$ _____ per year (One time payment. Designate month/year of payment here _____)

Extra Contributions \$ _____ Christmas \$ _____ Easter

These are the funds required to meet the operational expenses of St. Agatha Parish. This is a declaration of intention, not a legal obligation. Contributions are tax deductible.

Please choose a method of payment and provide required information.

_____ I/We would like to contribute through the automatic withdrawal program
 (estimated date of withdrawal is MONTHLY on or around the 15th).

Select one: _____ Savings Account (Attach CURRENT voided deposit slip with account number)

_____ Checking Account (Attach a CURRENT voided check with account number)

_____ Credit Card

VISA Mastercard American Express Discover

Card # _____ Exp. Date _____

Name on Card _____ Billing Zip Code _____

Signature/Date: _____