



1860 Northam Rd
 Columbus, Ohio 43221
 stagatha@st-agatha.org

2024 ANNUAL STEWARDSHIP
Return completed card by
January 1, 2024.

Last Name: _____

Preferred E-mail:

First Name: _____

Address: _____

Preferred phone number:

() _____

Our household will pledge to contribute the following to St. Agatha Parish during the calendar year, beginning January 1, 2024 and ending December 31, 2024.

Total \$ _____ *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 are currently using envelopes provided to us and would like to continue.

_____ I/We are not currently receiving envelopes but would like to receive them.

_____ I/We would like to contribute through the automatic withdrawal program (EFT) for 2024

AUTOMATIC WITHDRAWAL USERS (EFT) ONLY – (On or around the the 15th of the month)
St. Agatha must have a new form completely filled out each calendar year.

\$ _____ 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

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: _____