

Electronic Giving

Since Old Mission began offering our automated giving program, over 25 members have chosen to participate. Several members have told us how much they like the program for its convenience. They also mentioned how much they appreciate that their financial gifts to Old Mission Parish continue even if they are out of town and unable to attend a worship service.

Perhaps Electronic Giving is a way to help you achieve your stewardship goal for Old Mission. You can sign up for Electronic Giving at any time by completing an Authorization Form. For your convenience, there is a copy on the reverse side of this sheet. Just fill it out and return it to the parish office.

All registered parishioners will continue to receive the envelopes, including envelopes for special collections for a variety of needs. Parish collections will be taken each week as usual. Participants in the Electronic Giving program are asked to mark their envelopes "EFT" and place them in the collection basket. If you do not currently use envelopes, please consider participating in either our envelope program or the Electronic Giving Program. Our parish needs your consistent support.

***Electronic Giving is an easier,
more secure way to make your regular contributions
to our church through automated giving.***

Reasons to sign up for Electronic Giving:

- No Need to write checks or bring cash to church
- Peace-of-mind knowing that the church is receiving your contribution even if you are unable to attend
- More secure than checks
- All contributions are recorded for you on your bank statement with date of settlement
- IT COSTS YOU NOTHING!

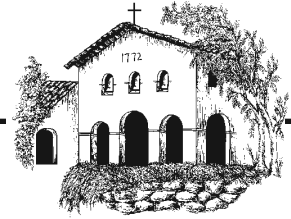
Sign up today.

Fill out the Authorization form on the reverse side and drop it off at the church office.

Electronic Giving

Show your support for our parish!

Yes, I would like to give electronically!



Mission San Luis Obispo

751 Palm Street
San Luis Obispo, CA 93401
Phone (805) 781-8220
Fax (805) 781-8214
email: office@oldmissionslo.org

Name _____

Address _____

City, State, Zip _____

Home Phone (____) _____ Work Phone (____) _____ e-mail: _____

Date of First Contribution: _____

Church Fund and Amount:

General Fund (Plate Collection) \$ _____

Other _____ \$ _____

Other _____ \$ _____

Total \$ _____

Frequency of Contribution:

One Time

Weekly - Mondays

Semi-monthly (1st & 15th)

Monthly: 1st or 15th: _____

Annual: Date: _____

Optional Other Annual Donations: (Please check all that apply and fill in amount for each one. These will be scheduled to be taken annually on or near date given.)

\$ _____ Dec 15: Christmas (December 25)

\$ _____ April 1: Easter (Date Varies)

Holy Days:

\$ _____ Nov 1: All Saint's Day (November 1)

\$ _____ Jan 1: Solemnity of Mary (January 1)

\$ _____ Dec 5: Immaculate Conception (December 8)

\$ _____ Aug 12: Assumption of the Blessed Virgin (August 15)

Special Collections: (Annual)

\$ _____ Jan 8: Diocesan Seminararian & Continuing Education of Priests (2nd Sun. of January)

\$ _____ Feb 8: Catholic Relief Services (2nd Sun. of March)

\$ _____ Mar 28: Holy Land Collection (Good Friday) (End of March)

\$ _____ April 21: Newman Catholic Center (3rd Sun. of April)

\$ _____ May 1: Catholic Home Missions (1st Sun. of May)

\$ _____ May 21: Catholic Charities (3rd Sun. of May)

\$ _____ June 1: Catholic Communications (1st Sun. of June)

\$ _____ July 8: Peter's Pence (Holy Father) (2nd Sun. of July)

\$ _____ Sept. 8: Retirement fund for Priests & Religious (2nd Sun. of September)

\$ _____ Oct 1: Respect Life Sunday (1st Sun. of October)

\$ _____ Oct 21: World Mission Sunday and Campaign for Human Development (3rd Sun. of October)

\$ _____ Nov 21: Social Justice Collection (3rd Sun. of November)

\$ _____ Nov 25: Thanksgiving - St. Vincent de Paul (4th Sun. of November)

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Please charge my contribution to my (check one): VISA MASTERCARD

Credit Card #: _____ Expiration Date (mm/dd/yy): ____ / ____ / ____

Name on Card: _____

Billing Address (If different from above): _____

I authorize Old Mission Church and Vanco Services, LLC to charge my credit card in accordance with the information above.

Signature (as it appears on the credit card): _____ Date: ____ / ____ / ____

Please debit my contribution from my (check one): Checking Account (Please staple a voided check to this form) Savings Account (Contact your financial institutuon for routing #)

Routing Number (Valid Rouding number must start with 0, 1, 2, or 3): _____

Ⓜ 1 2 3 4 5 6 7 8 9 Ⓜ 1 2 3 1 2 3 4 5 6 Ⓜ 0 0 0 1
Routing # Account # Check # Account Number: _____

I authorize Old Mission Church and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization..

Authorized Signature: _____ Date: ____ / ____ / ____