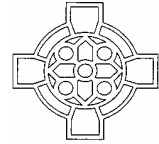


Parishpay

AUTOMATIC OFFERTORY PROGRAM
PARISH OF ST GILES
1045 COLUMBIAN AVENUE,
OAK PARK, ILLINOIS 60302



(Personal Information)

Date: _____

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Make up a four digit PIN# _____

Email: _____

(Donation Information)

I wish to give the following amount **MONTHLY**: \$ _____

I also wish to include a MONTHLY amount for **SHARING**: \$ _____

I also wish to include a MONTHLY amount for **SPECIAL COLLECTIONS**: \$ _____

I also wish to include a MONTHLY amount for **CAPITAL NEEDS APPEAL**: \$ _____

I also wish to include a **ONE TIME DONATION**: \$ _____

For **CHRISTMAS** collection in December, please additionally deduct: \$ _____

For **EASTER** collection in the month of Easter, please additionally deduct: \$ _____

(Credit Card Information)

Circle One: Visa Mastercard American Express Discover

Account #: _____

Expiration: _____ / _____ Name on Card: _____

-OR-

(Bank Account Information)

Account #: _____ Name of Bank: _____

Routing#: _____
(9 digit bank identifier along bottom of check)

Your signature: _____

TO ENROLL IN THE PARISHPAY AUTOMATIC OFFERTORY PROGRAM

A SELF-SERVE WEBSITE IS AVAILABLE :

www.parishpay.com/customer/donation.asp?id=2003

FOR YOUR CONVENIENCE, ENROLLMENT FORMS CAN ALSO BE

SENT TO THE FOLLOWING ADDRESS:

St. Giles Parish Center
1025 Columbian Avenue
Oak Park, IL. 60302

Attention: Parish Business Office