

Pledge Period Beginning January 1, 2024

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

My Stewardship tithe will be:

Weekly \$ _____ OR Monthly \$ _____

I also would like to contribute to the St. Charles Parish Revitalization Fund

through an additional gift of : \$ _____ OR \$ _____

or one time gift of : \$ _____

Please update my information.
 Use reverse side of card to indicate changes.



900 N.E. Shady Lane Drive, Kansas City, MO 64118 - 816-436-0880 - stcharleskc.com

Together at **Table**
 Together in **Giving**

 Signature Required Date

AUTOMATIC WITHDRAWAL FORM

- I authorize St. Charles Borromeo Parish to **INITIATE** automatic withdrawal of my tithe from my checking account as indicated below. *Please provide a voided check **
- I authorize St. Charles Borromeo Parish to **CONTINUE** automatic withdrawal of my tithe from my checking account indicated below. *No voided check is necessary **
- I authorize St. Charles Borromeo Parish to **INCREASE** my automatic withdrawal of my tithe from my checking account indicated below. *No voided check is necessary **
- * The authorization to make monthly withdrawals from my checking account will remain in effect until I notify St. Charles in writing to cancel, at least **Five Business Days** prior to the next withdrawal date.

Amount to be withdrawn on the **1st** of the month \$ _____

Amount to be withdrawn on the **15th** of the month \$ _____

PRINT Name: _____

Signature Required: _____

Date: _____

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 Together in **Giving**

May we become the Body of Christ
 and make God's kingdom
 more visible in our world.



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