

Saint Mary Church

Greenwich, Connecticut

Please provide the information requested on both sides of this form and mail back to the Business Office or drop it in the collection basket at Masses. Thank you.

I/we will make the following contribution in support of Saint Mary Church during the upcoming calendar year. I understand that I may adjust my offering during the course of the year, if necessary, by contacting the parish office.

My Monthly Offertory Donation Amount will be \$ _____

I would like to continue to receive my Sunday envelopes
 Yes No

Parish and National Collections

Solemnity of Mary (<i>holy day</i>)	Jan	\$ _____	Peter's Pence (Collection for the Holy Father)	June	\$ _____
Church in Latin America	Jan	\$ _____	Co-Operative Mission Sunday	July	\$ _____
Ash Wednesday (<i>holy day</i>)	Feb	\$ _____	Assumption	August	\$ _____
Loaves and Fishes	Feb to Apr	\$ _____	Air Conditioning	August	\$ _____
Fuel	Feb	\$ _____	Catholic University of America	September	\$ _____
Catholic Relief Services Church in Central/Eastern Europe	March	\$ _____	World Mission Sunday	October	\$ _____
Easter Flowers	March	\$ _____	All Saints (<i>holy day</i>)	November	\$ _____
Holy Thursday	April	\$ _____	Thanksgiving	November	\$ _____
Holy Land (Good Friday)	April	\$ _____	Catholic Campaign for Human Development	November	\$ _____
Easter (<i>holy day</i>)	April	\$ _____	Immaculate Conception (<i>holy day</i>)	December	\$ _____
Catholic Home Mission Appeal and Black and Indian Missions	April	\$ _____	Christmas Flowers	December	\$ _____
Ascension Thursday (<i>holy day</i>)	May	\$ _____	Christmas (<i>holy day</i>)	December	\$ _____
Catholic Communication Campaign	May	\$ _____	Retirement Fund for Religious	December	\$ _____

PLEASE CONTINUE ON REVERSE SIDE →

NAME (PLEASE PRINT)

STREET ADDRESS

CITY, STATE, ZIP

E-MAIL

PHONE

PARISHIONER/ENVELOPE #

SIGNATURE

DATE

Preferred Method of Giving

Automated Bank Transfer — Monthly*

Please attach a voided check to this form

() Checking

() Savings

Credit Card — Monthly*

If credit card information is on file at the parish,
Please write "on file" in the space below.

() Mastercard () Visa () American Express

CARD NUMBER

EXPIRATION DATE

NAME AS IT APPEARS ON CARD

BILLING ADDRESS IF DIFFERENT FROM ABOVE

*If you contribute by credit card or automated bank transfer, your total contribution will be divided into twelve (12) equal monthly payments.

Other (specify) _____

OFFERTORY DEDUCTION WILL OCCUR ON THE FIRST OF THE MONTH

Thank You

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