



# Saint Bridget of Ireland

278 Strawberry Hill Ave.  
Stamford, CT. 06902

## Electronic Transfer Authorization

Please provide the information requested on both sides of this card and mail back in the enclosed envelope or drop it in the collection basket at Masses. Thank you.

I/we will make the following contribution in support of St. Bridget of Ireland 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 \$** \_\_\_\_\_

### Parish and National Collections

|   |            |          |
|---|------------|----------|
| 100% Fund   | Monthly    | _____    |
| Energy Fund   | Monthly    | _____    |
| Monthly Collection  | Monthly    | \$ _____ |
| Church in Latin America   | Jan        | \$ _____ |
| Loaves and Fishes   | Feb to Apr | \$ _____ |
| Catholic Relief Services Collection and Aid to Church in Central and Eastern Europe | March      | \$ _____ |
| Easter Collection   | April      | \$ _____ |
| Holy Land   | April      | \$ _____ |
| Catholic Home Mission Appeal and Black and Indian Missions                          | April      | \$ _____ |
| Catholic Communication Campaign   | May        | \$ _____ |
| Peter's Pence (Collection for the Holy Father)                                      | June       | \$ _____ |
| Co-Operative Mission Sunday   | July       | \$ _____ |
| Catholic University of America  | September  | \$ _____ |
| World Mission Sunday  | October    | \$ _____ |
| Catholic Campaign for Human Development   | November   | \$ _____ |
| Christmas Collection  | December   | \$ _____ |
| Retirement Fund for Religious   | December   | \$ _____ |

PLEASE CONTINUE ON REVERSE SIDE →

NAME (PLEASE PRINT) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE \_\_\_\_\_

ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_

PHONE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

### Preferred Method of Giving

**Automated Bank Transfer** — Monthly\*  
Please attach a voided check to this form

**Credit Card** — Monthly\*  
If credit card information is on file at the parish,  
Please write "on file" in the space below.

( ) Mastercard ( ) Visa

CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

CVS (security) Code \_\_\_\_\_

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) \_\_\_\_\_

SELECT THE PREFERRED DATE FOR YOUR OFFERTORY DEDUCTION

\_\_\_ 15th of the month

\_\_\_ 30th of the month

*Thank you for your support.*