



ST. MARY'S CATHEDRAL
Direct Debit/ Credit Card Authorization Form

Please Print Clearly

Last Name _____ Name _____
 Address _____
 City _____ Postal Code _____
 e-mail address _____
 Phone Number _____ Cell Number _____

Credit Card Number _____ Expiry Date _____
 or Account Number _____
 (Please attach void Cheque for verification Information)
 Bank _____ Branch _____

Please specify below which funds you would like your gifts to be directed towards in what amount:

Offering Type	Weekly	Monthly(Indicate) 1 st ./15 th /30 th .	Annually	Other Date
Sunday Offering	_____	_____	_____	_____
Maintenance	_____	_____	_____	_____
Together in Action (TIA)	_____	_____	_____	_____
St. Anthony's Fund (Poor)	_____	_____	_____	_____
Altar Flowers Fund	_____	_____	_____	_____

ONCE A YEAR

New Year's Day	_____	January 1 st .
Seminarian Fund	_____	Fourth Sunday of Easter
Holy Thursday – Share Lent	_____	
Good Friday – Holy Land	_____	
Easter		
Pope's Pastoral Works	_____	May
World Mission Sunday	_____	Oct.
Catholic Education	_____	Nov.
Mission Mexico	_____	Dec. 12
Christmas	_____	Dec. 25

**For weekly monthly/annual gifts where the date is not already noted, please specify the date you wish to have your gifts withdrawn in the fourth column provided.

I authorize St. Mary's Cathedral, 219 – 18th Ave. SW, Calgary, Alberta to receive the amounts mentioned above from my Master Card/ Visa or by Direct Debit in instalments as specified above. I understand that I can change or delete my donation amount at any time with written confirmation to the Parish Staff. I understand that I must allow at least 2 weeks to allow these changes to be applied.

Signature _____ Date _____

**If you have any questions, please call the Parish Office at 403 228-4170.