



St. Bernardine of Siena Registration Form

Family Name: _____

Date: _____

Address: _____

Home Phone: _____

Zip Code: _____

First Names

Religion

Occupation

Mr _____

Mrs/Ms/Miss _____

Maiden Name

Children (M/F)

Date of Birth

Religion

Name of School

Do you wish to receive envelopes? Yes ____ No ____

My (Our) Talents: _____

If you are interested in *CREDIT CARD DONATIONS*, please see reverse.....

For Office Use:



CREDIT CARD DONATIONS

Now you can take the hassle out of writing that check each week before Mass. The Credit Card Program provides an easy automatic way to make your St. B donations while still protecting your privacy and confidentiality. With your signed authorization, your contributions will be made on a monthly basis.

- Simple Sign-up (Set it and forget it)
- Monthly item on your credit card or bank statement
- Included in your Parish year-end statement
- You gain Frequent Flyer Miles or Bonuses that may apply to your card

If you wish to participate, please fill out and sign the bottom portion of this sheet.

(Hint: To determine how much to authorize on a monthly basis, just take your normal weekly contribution and multiply it by 4.3 to get the adjusted amount. For example, if you normally donate \$50 per week, your monthly contribution should be \$215.00)

You are hereby authorized to transfer my monthly gifts to St. Bernardine from my credit card account. I understand that this authorization will remain in effect until cancelled or changed by me by notifying St. Bernardine's Parish in writing.

(Credit cards are billed between 15th and 21st of the month)

MasterCard/ Visa/ Discovery/ American Express/ (Circle one)

Card Number: _____ Sunday Offering: \$ _____

Security Number: _____ Maintenance Fund \$ _____
(3 digit number from back of card)

Expiration Date: _____

Cardholder Name: _____
(as shown on the credit card)

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Parish Envelope # _____

Signature: _____ Date: _____