

St. Margaret Mary Parish Congregation
 3970 N. 92nd Street, Milwaukee, WI 53222

For Office Use Only	Envelope # _____	Date _____
PARISHIONER AUTHORIZATION FORM - CREDIT CARD CONTRIBUTIONS		
Effective Date: _____ Change Contribution Date _____		
_____ New Authorization _____ Change Credit Card Account		
Change Contribution Amount _____ Discontinue Credit Card Contribution _____		
Name of Parishioner (Please Print) _____		
Address _____		Phone _____
City _____	State _____	Zip _____
Please make my contributions from the credit card account specified:		
Master Card or VISA (Circle One) _____		Expiration Date _____
Account Number (from front of the card) _____		
V-Number (Last three digits in signature block on reverse side) _____		
REGULAR CONTRIBUTIONS		
GENERAL (White)	Amount Per Payment \$ _____	
	Monthly (choose one)	
	_____ Transferred once between 1st & 15th of the month	
	_____ Transferred once between 16th & last day of the month	
SCHOOL TUITION (Blue)	Amount Per Payment \$ _____	
	Monthly (choose one)	
	_____ Transferred once between 1st & 15th of the month	
	_____ Transferred once between 16th & last day of the month	
BUILDINGS & ENERGY (Yellow)	Amount Per Payment \$ _____	
	Monthly (choose one)	
	_____ Transferred once between 1st & 15th of the month	
	_____ Transferred once between 16th & last day of the month	
SPECIAL CONTRIBUTIONS		
Amount Per Payment \$ _____		
_____ Easter "Gift to Parish"	_____ Ascension	_____ Assumption
(Transferred between March 1-31)	(Transferred between May 1-31)	(Transferred between August 1-31)
_____ All Saints	_____ All Souls	_____ Thanksgiving
(Transferred between November 1-30)	(Transferred between November 1-30)	(Transferred between November 1-30)
_____ Immaculate Conception	_____ Christmas	_____ Mary Mother of God
(Transferred between December 1-31)	(Transferred between December 1-31)	(Transferred between December 1-31)
I authorize St. Margaret Mary Parish Community to process entries to my credit card account. This authority will remain in effect until I give reasonable notification to terminate the authorization.		
Authorized signature on my credit card account _____		
Date _____		