

## DIRECT DEBIT/BANK AUTHORIZATION

I wish to transfer \_\_\_\_\_ monthly payments of \$ \_\_\_\_\_  
for a total of \$ \_\_\_\_\_ Starting month: \_\_\_\_\_ \*

Please make this electronic transfer on the (check one):  
 5<sup>th</sup> of the month       20<sup>th</sup> of the month

**Must enclose a voided check.** "DOPB" will appear on your statement

Signature \_\_\_\_\_

## DEBIT/CREDIT CARD AUTHORIZATION

American Express       Visa       MasterCard

Credit Card No. \_\_\_\_\_

Exp. Date (Mo.) \_\_\_\_\_ (Yr.) \_\_\_\_\_

I wish to transfer \_\_\_\_\_ monthly payments of \$ \_\_\_\_\_  
for a total of \$ \_\_\_\_\_ Starting month: \_\_\_\_\_

Please withdraw this amount on the (check one):  
 5<sup>th</sup> of the month       20<sup>th</sup> of the month

Print Name of Cardholder \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

**For donations of donor-advised funds, stocks, bonds, individual retirement accounts, real estate and gift matching, please call: 561-775-9590**

**Make online donations at: DiocesePB.org/DSA \* The 2023 Diocesan Services Appeal concludes as of 12/31/23**

**\*Make check payable: Diocese of Palm Beach - DSA \* Reminders sent March through December**

- Mr. and Mrs.       Rev.  
 Mr.                 Deacon  
 Mrs.                 Dr.  
 Ms.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone#: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Local Parish: \_\_\_\_\_

Constituent ID#: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 2023 Diocesan Services Appeal

### Suggested Gift Plans

| One time Gift            | Ten Month Pledge | One-time Gift Total | \$ _____ |
|--------------------------|------------------|---------------------|----------|
| _____ \$ 1,000           | \$ 100 / month   | Pledge              | \$ _____ |
| _____ \$ 500             | \$ 50 / month    | Amount Enclosed     | \$ _____ |
| _____ \$ 300 (\$1 a Day) | \$ 30 / month    | Balance             | \$ _____ |
| _____ \$ 100             | \$ 10 / month    |                     |          |
| _____ Other \$ _____     | \$ _____ / month |                     |          |

Parish # \_\_\_\_\_ ID # \_\_\_\_\_

Mr. and Mrs. John Smith

0000 Main Street

Jupiter, FL 00000



Cash     Check # \_\_\_\_\_

Direct Debit/Bank Authorization

Debit/Credit Card