



STEWARDSHIP TITHING APPEAL



**Pledge for
July 1, 2023 to June 30, 2024**

Office: 911 SW Clay St ♦ Topeka, KS 66606-1437
Phone: 785-232-7744 ♦ www.materdeiparish.org

Envelope Number: _____

Name: _____

Address: _____

City, State, Zip: _____

In thanksgiving for the gifts God has given us, we are called to return a portion of our resources to support the work of His Church. I/We plan to give to the offertory at Mater Dei Parish as indicated below:

<p>WHITE ENVELOPE - Tithing Support of Church Mission and Operations</p>	<input type="checkbox"/> Weekly \$ _____ <input type="checkbox"/> Monthly \$ _____ <input type="checkbox"/> Other \$ _____
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School Family: Mater Dei Catholic School # of Children _____ Hayden Catholic High School # of Children _____

BANKING OPTION - Banking helps our parish gain consistency in our cash flow and helps us with planning our parish needs and programs while making it easier and simpler for our parishioners. No more rushing around before Mass to find your tithing envelopes and check book.

I/We wish to complete this Pledge through automatic withdrawal via a bank account. Complete information below:

Automatic Payment from Checking/Savings Option

Please continue with my/our current automatic payment.

Please increase the amount as noted below: beginning July 1, 2023 immediately

I/We wish to start authorized payments and hereby authorize Mater Dei to establish automatic payments as noted below:

12 monthly Installments of: \$ _____

52 weekly installments of: \$ _____

Day of the month debit is made: 1st Tuesday 2nd Tuesday 3rd Tuesday 4th Tuesday

**IF STARTING AUTOMATIC PAYMENT FOR THE FIRST TIME,
PLEASE ATTACH A VOIDED CHECK (CHECKING) OR DEPOSIT SLIP (SAVINGS)**

This authorization is to remain in full force and effect until Mater Dei Parish has received written notification of a change or termination by the parishioner.

Our/My commitment represents 5% or more of our family's gross income. As a Parish **Tithing family**, we participate in the Parish's Ministry of Catholic Education.

Signature _____

Date _____

Home # _____

Work # _____

Cell # _____