



Enrollment Form

Please mail this form with your first month's donation to:

Congregation of St. Joseph
Mission Advancement
Circle of Friends Processing Center
3430 Rocky River Drive
Cleveland, Ohio 44111-2997

TO ENROLL IN THE MONTHLY GIVING PROGRAM, PLEASE COMPLETE THIS FORM AND MAIL IT TO THE ADDRESS ABOVE.

Name _____

Monthly pledge amount (minimum \$10)

Daytime phone _____

\$ _____ Begin on this date: ____/____/____

Billing address _____

MY MONTHLY GIFT IS FOR:

- Greatest need
- Sisters' retirement

I want to be anonymous.

Please continue my enrollment until I contact you to stop.

I would like to receive communication electronically when available.

-or-

Enroll me for one year - 12 monthly gifts - beginning on: (date) _____.

Email address _____

THERE ARE SEVERAL WAYS TO ENROLL. SELECT THE ONE THAT'S RIGHT FOR YOU!

ONLINE Enroll online at www.csjoseph.org. Select the "Donate Now" button, and set up a recurring gift.

BY MAIL Send your first month's gift with this enrollment, and send a check every month.

Check here if you want a monthly reminder emailed to you. (Be sure to include your email above.)

EFT To authorize a **CHECKING ACCOUNT DEBIT**, please enclose a voided check and sign here to authorize the debit.

Signature _____ Date: _____

CHARGE Fill out the CREDIT CARD CHARGE form below with your credit card information or call the office to set it up by phone: 216-252-0440.

CREDIT CARD CHARGE

By completing this form, I authorize the Congregation of St. Joseph to charge my monthly pledge to my credit card automatically each month as indicated in the terms outlined below.

Visa Mastercard AmEx Discover Name as it appears on card: _____

Credit Card # _____ Expiration _____

Terms of Agreement for Checking Account Debits and Credit Card charges: This authorization to charge my bank account is just like writing a check to the Congregation of St. Joseph. I understand that the transaction will appear monthly on my account statement.

I further understand that this agreement will remain in effect until I contact CSJ to change or suspend it.

Signature Required: _____ Date: _____

Questions?

Contact Karen, Circle of Friends Coordinator at 708-482-5037 or khermandemuro@csjoseph.org