

# PAX CHRISTI STEWARDSHIP INTENTION 2012

Return to Pax Christi Catholic Community, 12100 Pioneer Trail, Eden Prairie, MN 55347



Total Annual Gift for 2012: \$

**Electronic Funds Transfer**

(please complete information below for EFT)

**Credit Card:** Visa Mastercard American Express Discover (circle one)

Weekly  Monthly  One Time

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

(This authority will commence in 2012 and will remain in effect until you notify Pax Christi to change or cancel it.)

**Automatic Bill Pay, Gift of Charitable Funds, Stock, Other:** \_\_\_\_\_

**Contribution Envelope Packets Sent Bi-Monthly** (please choose one)

One envelope per week **OR**  One envelope per month

Name (Printed) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

- I/We have remembered Pax Christi in my/our will.  
 Send information about naming Pax Christi in my/our will.  
 Send information on the Crossroads Fund.

## Authorization for Electronic Funds Transfer for PAX CHRISTI STEWARDSHIP INTENTION 2012

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I/we hereby authorize Pax Christi Catholic Community to initiate debit entries to my/our checking or savings account as indicated below, and my/our financial institution named below to debit same to such account. **\*Attach your voided check or savings account slip**

**Bank Name** \_\_\_\_\_

**Account#** \_\_\_\_\_

\$  on the **5th day** of each month **AND/OR** \$  on the **20th day** of each month

(This authority will commence in 2012 and will remain in effect until you notify Pax Christi to change or cancel it.)

**One-time gifts that I/we would like to give in addition to the Annual EFT commitment made above:**

\$  Easter Gift April 5, 2012

\$  Christmas Gift December 20, 2012

Name (Printed) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_