

# Catholic Community of St. Rose and the Mission of the Good Shepherd

## ***E-Giving Enrollment Information***

If you would like the Parish Staff to enroll you for E-Giving, please provide the following required information:

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

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

Phone number: \_\_\_\_\_

E-Mail: \_\_\_\_\_  
(You will be sent an email verification before any contributions begin)

Amount you wish to give: \_\_\_\_\_ Per: \_\_\_\_\_  
For Example: \$150.00 per month or \$20.00 per week

Please begin on \_\_\_\_\_  
(date)

**If you would like to give by automatic deduction from a savings or checking account, please provide a voided check with this form.**

**To give by credit card, please complete the following information:**

Name as it appears on card: \_\_\_\_\_

Billing address (if different from above): \_\_\_\_\_

Card number: \_\_\_\_\_ exp date \_\_\_\_/\_\_\_\_

Visa       Mastercard       Discover       American Express

**Signature:** \_\_\_\_\_

Please return this completed enrollment form to the Parish Office.:

St. Rose Parish  
Attn: Mary Peters  
2825 W. Rose Canyon Circle  
Anthem Arizona 85086

**For more information, please call Mary Peters at the Parish office 623-465-9740, ext. 107.**