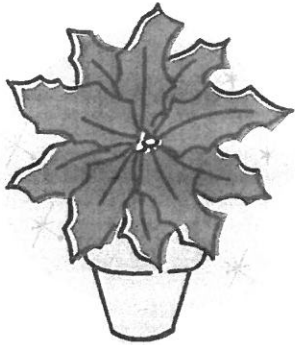


# Christmas Floral Tribute



You can honor or remember a family member, friend, or that special person in your life with a floral tribute.

A suggested \$10.00 donation will help purchase flowers to decorate our church. A list of the names of those honored and remembered will appear in the bulletin.

Just place the name(s) and donation in an envelope and drop it in the collection basket at Mass or at the Parish Office.

The deadline for Christmas flower donations will be Wednesday, December 12<sup>th</sup>, at noon.



In Honor or Memory of:

\_\_\_\_\_  
(Name of Honored/Remembered Person)  
**(Please Print)**

\_\_\_\_\_  
(Name of Honored/Remembered Person)  
**(Please Print)**

\_\_\_\_\_  
(Requested by)

Envelope # \_\_\_\_\_



# St. Therese Parish

## **ACH OPTION FOR TITHING**

As an alternative to using your tithing envelopes, St. Therese Parish has an ACH also known as Automated Clearing House withdrawal of funds option available to our parishioners. This option allows your tithes to be made to the Parish automatically. You choose the amount to be transferred from your account at your financial institution on a monthly or semi-monthly basis. You will be notified when the withdrawals will begin. You will also continue to receive envelopes as a way of maintaining our address data base. **Questions should be directed to the Parish office 715-359-2421.** This option is initiated by completing the authorization for below.

## **Direct Debit Authorization Form**

I (we) hereby authorize St. Therese Parish to initiate debit entries to my checking or savings account at the financial institution listed below, and, if necessary, initiate adjustments for any transactions debit/credited in error. This authority will remain in effect until St. Therese is notified by me (us) in writing to cancel it.

\_\_\_\_\_  
(Parishioner Name)

\_\_\_\_\_  
(Parishioner Address)

\_\_\_\_\_  
(Name of Financial Institution)

\_\_\_\_\_  
(Address of Financial Institution- Branch, City, State and Zip)

Checking Account Number: \_\_\_\_\_  
-- OR --

Savings Account Number: \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_  
(Look between these symbols |: :| on the bottom left of your check)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Amount of Tithing Per Debit	Frequency	<input type="checkbox"/>	<input type="checkbox"/>
\$ _____		MONTHLY 1st of Month	SEMI-MONTHLY 1st and 15th of Month

**\*\*Please attach voided check for routing verification.\*\*  
(Void deposit slip will NOT work . Thank you.)**