

Have you thought about “converting”?

We live in an information world and are seeing a lot of old habits gradually migrating to new ones. No more trips to the post office or to the video rental store, no more writing checks, no more rabbit ear antennas. If someone writes a check and hands it over to the cashier at a Wal-Mart store, he/she scans it and gives it right back to the customer. For some, the change has been gradual, for others, it has been too rapid. Change does not come easy to everyone, especially to church-goers who are steeped in traditional customs. At St. Joseph, we strive to keep up with the evolving environment and our parishioner’s habits. As we look at what and how things are changing, we realize that change is, in fact, good for our parish as well as our members.



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What are the Advantages of *Simplified Giving*?

- Gives you the ability to be a “planned and proportionate giver”.
(1 Corinthians 16:2)
- **It’s FREE!** There is no cost to you. You may even earn airline miles!
- For parish staff and volunteers, check processing is a costly and very time consuming process.
- **It’s CONVENIENT!** Reduces the amount of paper for you and the church, providing a greener environment.
- Allows “snowbirds” and “cabin-goers” to give to St. Joseph regardless of where they are during the year.
- Allows St. Joseph Catholic Community to depend on your commitment, and to be assured the funds are available for various ministries.

Simplified Giving is the preferred method of receiving contributions at St. Joseph.

We now have over 190 families on the *Simplified Giving* plan. Thank you for considering this giving opportunity.

Questions? Contact:

Bonnie Delaney, Parish Administrator
(952) 442-3702
bdelaney@stjosephwaconia.org

Simplified Giving

Help us grow





- You may initiate and manage donations on your own via our secure web page found on our parish website:
www.stjosephwaconia.org
 (look for the above logo)
- You may complete the enclosed authorization form and return it to the parish office. You have the freedom to change your contributions at any time by contacting the Parish Office at 952-442-3702.

Simplified Giving is a solution whose time has come. Many parishioners indicate that the only checks they write are the ones for the church. They have switched to paying bills electronically for almost all other activities.

AUTHORIZATION FORM

St. Joseph Catholic Community

Your name: _____

Address: _____

City, State, Zip: _____

Email address: _____

I would like to make the following contribution(s):

- | | |
|---|-----------------|
| <input type="checkbox"/> Parish Life Offertory Fund | \$ _____ |
| <input type="checkbox"/> <i>Making All Things New</i> Capital Campaign Fund | \$ _____ |
| <input type="checkbox"/> Repair & Maintenance Fund | \$ _____ |
| <input type="checkbox"/> Second Collection | \$ _____ |
| <input type="checkbox"/> Other _____ | \$ _____ |
| Total | \$ _____ |

Date of first contribution: ____/____/____

Frequency of contribution (check one):

- Weekly, withdrawn on _____
(day of week)
- Semi-monthly, withdrawn on _____ & _____
(dates of month)
- Monthly, withdrawn on the _____
(date of month)

CHECKING / SAVINGS

Complete this section if using your checking or savings account

Please debit my (check one):

- Checking account—attach voided check Savings account—attach voided deposit slip

Routing #: _____

Account #: _____

Valid routing # must start with 0,1,2 or 3

I authorize St. Joseph Catholic Community to process debit entries to the above account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized signature: _____ Date: ____/____/____

CREDIT / DEBIT CARD

Complete this section if using your credit or debit card

Please charge my (check one): Visa MasterCard Discover American Express

Card #: _____

Expiration Date: _____

Name on card: _____

Billing Address (if different from above): _____

I authorize St. Joseph Catholic Community to charge the above card. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized signature: _____ Date: ____/____/____