

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 200 families on the *Simplified Giving* plan. Thank you for considering this giving opportunity.

Questions? Contact:

Bonnie Delaney, Parish Administrator
(952) 442-2384
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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 952-442-2384.

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	Automatic Annual Increase
Your name:	Increase my contribution each year in the month of _____ by _____% or by _____ <small>(month)</small>
Address:	\$ _____
City, State, Zip:	
Email address:	
I would like to make the following contribution(s): <input type="checkbox"/> Commitment to Parish Life Offertory Fund \$ _____ <input type="checkbox"/> Capital Repair & Maintenance Fund \$ _____ <input type="checkbox"/> Second Collection \$ _____ <input type="checkbox"/> Other _____ \$ _____ <div style="text-align: right;">Total \$ _____</div>	Date of first contribution: ____/____/____ Frequency of contribution (check one): <input type="checkbox"/> Weekly, withdrawn on _____ <small>(day of week)</small> <input type="checkbox"/> Semi-monthly, withdrawn on _____ & _____ <small>(dates of month)</small> <input type="checkbox"/> Monthly, withdrawn on the _____ <small>(date of month)</small>
CHECKING / SAVINGS Complete this section if using your checking or savings account	
Please debit my (check one): <input type="checkbox"/> Checking account - attach voided check <input type="checkbox"/> Savings account - attach voided deposit slip	
Routing #:	Account #:
<small>Valid routing # must start with 0,1,2 or 3</small>	
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): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> 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: / /