



Parish of SAINTS JOACHIM & ANNE

Parroquia de SANTOS JOAQUIN & ANA

Office & School • 2700 17th Ave E • Shakopee, MN 55379
 Parish office 952-445-1319 • Fax 952-445-0511 • www.ssjac.org

2017 SJA Annual Tithing Commitment

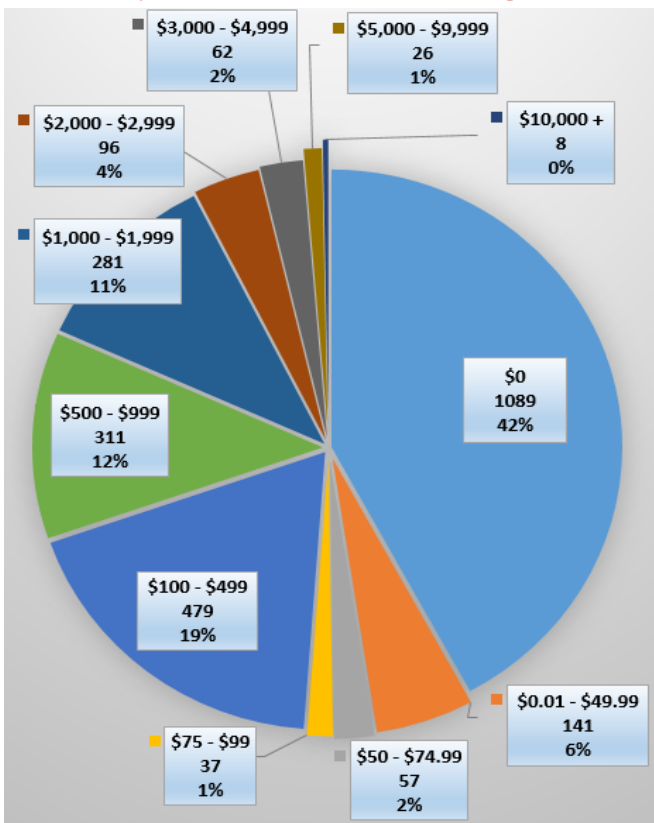
Each year we have the opportunity to re-evaluate and reflect on our giving in light of our commitment to our faith. This chart provides guidance to help you discern the level of your gift.

Strive to **TITHE**

WEEKLY AMOUNT OF GIFT

Income	10%	5%	3%	1%
\$30,000 (\$15/hr)	\$58	\$29	\$17	\$6
\$50,000 (\$25/hr)	\$96	\$48	\$29	\$10
\$70,000 (\$35/hr)	\$135	\$67	\$40	\$14
\$100,000 (\$50/hr)	\$192	\$96	\$58	\$19
\$150,000 (\$72/hr)	\$288	\$144	\$87	\$29
\$200,000 (\$96/hr)	\$385	\$192	\$115	\$38

2016 SJA Parishioner Giving Levels



PARISHIONER INFORMATION

Envelope #: _____

HEAD MALE

Last Name: _____

First Name: _____

HEAD FEMALE

Last Name: _____

First Name: _____

ADDRESS: _____

_____ City State Zip Code

Phone #: (_____) _____ - _____

Email: _____

PARISH FAMILY FAITH PROMISE COMMITMENT

It is with a grateful heart for God's boundless generosity, ***WE WILL*** make this commitment to my Parish of Saints Joachim & Anne Catholic Church.

\$250 \$100 \$75 \$50 \$25 \$ _____

Weekly Monthly Yearly One-Time Offering

My/our method of donation will be:

Envelopes Electronic Funds Transfer (EFT)

Please fill out the reverse side for new or updated EFT.

Current EFT users: You do NOT need to fill out the EFT form UNLESS you are changing your contributions in any way.



Parish of SAINTS JOACHIM & ANNE

Parroquia de SANTOS JOAQUIN & ANA

PARISHIONER AUTHORIZATION FORM FOR ELECTRONIC FUNDS TRANSFER (EFT)

PARISHIONER INFORMATION

Envelope #: _____

Last Name: _____

First Name: _____

Address: _____

_____ City State Zip Code

Phone #: (_____) _____ - _____

FINANCIAL INSTITUTION INFORMATION

Name: _____

Address: _____

_____ City State Zip Code

Phone #: (_____) _____ - _____

ACCOUNT INFORMATION

Type of Authorization:

- Checking Account (Attach a voided check)
 Savings Account (Attach a savings deposit slip)

Routing Number: _____
Valid Routing Number must start with 0, 1, 2, or 3

Account Number: _____

TYPE OF AUTHORIZATION

Effective Date of Authorization: ____ / ____ / ____

- New Authorization Change Donation Amount
 Change Bank Account Discontinue EFT

CONTRIBUTION INFORMATION

REGULAR CONTRIBUTION

- Weekly on Friday
 Semi-monthly on the 1st & 15th
 Monthly on the 1st
 Monthly on the 15th

Date of first contribution: ____ / ____ / ____

Amount per contribution: \$ _____

HOLY DAY OF OBLIGATION CONTRIBUTIONS

- Mary, Mother of God (January 1st)
 Easter (transferred Friday before Easter)
 Assumption (August 15th)
 All Saints (November 1st)
 Christmas (transferred December 15th)

Amount per Holy Day contribution: \$ _____

FLOWER CONTRIBUTIONS

- Easter Flowers (transferred Friday before Easter)
 Christmas Flowers (transferred December 15th)

Amount per contribution: \$ _____

MONTHLY CONTRIBUTIONS ON THE 15th

- Hands of Christ Fund
Amount per contribution \$ _____
 Building and Maintenance Fund
Amount per contribution \$ _____
 Repair Appeal Fund
Amount per contribution \$ _____
 Parish of Saints Joachim & Anne Endowment
Amount per contribution \$ _____
 Shakopee Area Catholic School Endowment
Amount per contribution \$ _____

ACKNOWLEDGEMENT / SIGNATURE

I authorize the Parish of Saints Joachim and Anne to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____ Date: ____ / ____ / ____