

e-offering
Acknowledgement of Participation

Name: _____

Thank you for participating in our ***e-offering*** program. As per your instruction, your account will be debited as follows:

Amount \$ _____ [] Per Week [] 1st of Each Month

Account # _____

Bank (name) _____

The debit to your account will begin in about two to three weeks following your enrollment. Please mark your personal records accordingly.

Parish *e-offering* Coordinator

Date

02/2005

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