

Have you thought about “converting”?

We live in an information world and are seeing a lot of old habits gradually migrating to new ones. 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 Four Parishes, One Faith, 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 parishes as well as our members.



Cluster Administration Office
111 West Marshall Street
Rice Lake, WI 54868

Email: tdeering@stjosephricelake.org
website: www.stjosephricelake.org

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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)
- For parish staff and volunteers, check processing is a costly and a 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 their parish regardless of where they are during the year.
- Allows your church 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 Four Parishes, One Faith Catholic Community.

Questions? Contact:

Tim Deering, Business Administrator
(715)-736-3101
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Four Parishes, One Faith

Simplified Giving

Help Your Parish Grow



Simplified giving is electronic monthly offertory giving. It is the preferred method of receiving contributions at Four Parishes, One Faith. It is convenient and allows your church to depend on your commitment.

- You may initiate and manage donations on your own via our secure web page found on our parish website: www.stjosephricelake.org (click on 'Online Giving' in the upper right corner of our home page)
- You may complete the attached authorization form and return it to the cluster administration office. You have the freedom to change your contributions at any time by contacting the Business Manager at 715-736-3101.

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

| | | | | | | | | | | | | | | | | |
|--|---|-------|-------|--|----|-------|--|----|-------|--------------------------------------|----|-------|--------------|-----------|-------|--|
| My Church: _____ Your name: _____ Address: _____ City, State, Zip: _____ Email address: _____ | Automatic Annual Increase Increase my contribution each year in the month of _____ by _____% or by _____ (month) \$ _____ | | | | | | | | | | | | | | | |
| I would like to make the following monthly contribution(s): <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"><input type="checkbox"/> Parish Offertory Fund</td> <td style="width: 5%; text-align: right;">\$</td> <td style="width: 35%; border-bottom: 1px solid black;">_____</td> </tr> <tr> <td><input type="checkbox"/> Capital Repair & Maintenance Fund</td> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td><input type="checkbox"/> Second Collection</td> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="text-align: right;">Total</td> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> </table> | <input type="checkbox"/> Parish Offertory Fund | \$ | _____ | <input type="checkbox"/> Capital Repair & Maintenance Fund | \$ | _____ | <input type="checkbox"/> Second Collection | \$ | _____ | <input type="checkbox"/> Other _____ | \$ | _____ | Total | \$ | _____ | My parish is: <input type="checkbox"/> St. John the Evangelist <input type="checkbox"/> Holy Trinity <input type="checkbox"/> Our Lady of Lourdes <input type="checkbox"/> St. Joseph Date of first contribution (Choose from 1 st or 15 th of the month): <input type="checkbox"/> 1 st day of each Month <input type="checkbox"/> 15 th day of each Month |
| <input type="checkbox"/> Parish Offertory Fund | \$ | _____ | | | | | | | | | | | | | | |
| <input type="checkbox"/> Capital Repair & Maintenance Fund | \$ | _____ | | | | | | | | | | | | | | |
| <input type="checkbox"/> Second Collection | \$ | _____ | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other _____ | \$ | _____ | | | | | | | | | | | | | | |
| Total | \$ | _____ | | | | | | | | | | | | | | |

| | |
|--|--|
| CHECKING / SAVINGS | <i>Complete this section if using your checking or savings account</i> |
| Please debit my (check one): NAME of BANK: _____ | |
| <input type="checkbox"/> Checking account - <i>attach voided check</i> <input type="checkbox"/> Savings account - <i>attach voided deposit slip</i> | |
| Routing #: | Account #: |
| <i>Valid routing # must start with 0,1,2 or 3</i> | |
| I authorize the Four Parishes, One Faith Cluster Administration Office 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 | <i>Complete this section if using your credit or debit card</i> |
| 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: |
| cvv code: | |
| Name on card: | |
| Billing Address (if different from above): | |
| I authorize Four Parishes, One Faith Cluster Administration Office 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: / / |