



# WeShare Online Giving Enrollment Form

Name of Church: ST. RICHARD PARISH P.O. BOX 1128 BORREGO SPRINGS, CA 92004

Parishioner Name(s): \_\_\_\_\_ Church Envelope #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I would like to enter my contribution myself, online at \_\_\_\_\_

I would like to use a checking account to make my contribution

Please send this completed form, along with a voided check.

PREFERRED – PLACE COMPLETED FORM AND ATTACHED  
VOIDED CHECK IN A SEALED ENVELOPE AND WRITE  
YOU'RE NAME(S) ON THE OUTSIDE

I would like to use a credit card to make my contribution     VISA     MasterCard     American Express     Discover

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

Funds & Amounts	Weekly*	Monthly*	Bi-Monthly*	Quarterly*
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____

\*Weekly Donations: Please indicate day (Sun / Mon / Tues / Wed / Thurs / Fri / Sat)

\*Monthly Donations: Please indicate the 1<sup>st</sup>, 5<sup>th</sup>, 15<sup>th</sup>, or 20<sup>th</sup> of the month

\*Bi-Monthly Donations: Donations debit on the 1st and the 15th of the month

\*Quarterly Donations: Donations debit on Mar 31st, June 30th, Sept 30th, and Dec 31st

Annual Contributions    Easter Offering: \$ \_\_\_\_\_ (One-time transfer on April 1<sup>st</sup>)

Christmas Offering: \$ \_\_\_\_\_ (One-time transfer on December 15<sup>th</sup>)

I understand that I am enrolling in the WeShare Online Giving program. I authorize that my contribution amount will deduct directly from my checking account or credit card as stated above, and a record of my contribution will appear on my bank or credit card statement. I understand that I can increase, decrease, change the frequency, or suspend my online giving contribution at anytime by contacting WeShare at (855) 800-4273.

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

This form will be shredded after the account is set up.

Complete this form and mail to:

2875 S. James Drive, New Berlin, WI 53151

Attn: WeShare Enrollment Manager

**ST. RICHARD WILL MAIL YOUR ENVELOPE TO:**