

Our Lady of Mount Carmel Church

1441 WEST BALBOA BOULEVARD
NEWPORT BEACH, CALIFORNIA 92661-1010

VOICE (949) 673-3775

FAX (949) 673-3137

Electronic Funds Transfer Enrollment Form

I want to contribute to Our Lady of Mount Carmel Church by using PARISH PAY.

Please transfer \$ _____ per month, on the 5th day*, from my account as my regular offertory donation.

Gifts for Holy Days		
CHRISTMAS	\$	December
EASTER	\$	April

Special Collections			
1.	World Mission Sunday	\$	October
2.	National Needs Collection	\$	November
3.	Retirement Fund for Religious and Priests	\$	December
4.	Church in Latin America / Eastern Europe	\$	January
5.	Holy Land (Good Friday)	\$	March or April
6.	Catholic Home Missions Appeal	\$	April
7.	Parishes & Schools in Need	\$	May
8.	Universal Church Collection <i>(Combines Peter's Pence and Catholic Relief Services)</i>	\$	June

Name _____

Please Print

Signature

Date

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

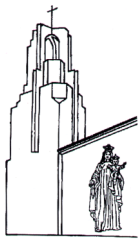
WHICH ACCOUNT SHOULD WE DEBIT?

I want to use a Credit Card. VISA MasterCard Amex Discover

Name as it appears on card _____

Account # _____ Expiration Date _____

**TRANSFERRED ON THE 5TH DAY OF EACH MONTH.



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I want to use a Bank Account: Checking Account

Savings Account

9 Digit Routing# _____ Account# _____

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