

# OFFERINGS AUTHORIZATION FOR CALENDAR YEAR 2012

Our Lady of Fatima Church  
229 Danbury Road  
Wilton, CT 06897  
(203) 762-3928

Name \_\_\_\_\_ Envelope Number \_\_\_\_\_  
Street \_\_\_\_\_  
Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

<b>WEEKLY OFFERING</b> _____ per week x 53 Sundays in 2012 = \$	<b>TOTAL</b>
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The total weekly offering amount is divided by 12 months and deducted evenly throughout the year.

**Holy Days of Obligation:**

	April 8	Easter	\$
	May 17	Ascension Thursday	\$
	August 15	Assumption	\$
	November 1	All Saints' Day	\$
	December 25	CHRISTMAS	\$

**Miscellaneous:**

<b>X 12</b>	First Sunday of month	Monthly Offering for Needs of the Parish	\$	X12=
	April 8	Easter Flowers	\$	
	November 2	All Souls' Mass Offering	\$	
	November 11	Christian Social Action	\$	
	December 8	Immaculate Conception	\$	
	December 25	Christmas Flowers	\$	

**Special Collections:**

January 22	Latin American Missions Appeal	\$		
February 26- April 1 (6)	Loaves & Fishes (Lenten Offering)	\$	X6=	
March 18	Catholic Relief Services	\$		
April 6	Collection for the Holy Land	\$		
April 29	Catholic Home Missions Appeal	\$		
May 20	Catholic Communications Campaign	\$		
June 24	Peter's Pence (Holy Father's Charities)	\$		
July 15	Cooperative Mission Appeal	\$		
September 9	The Catholic University of America	\$		
October 21	World Mission Sunday	\$		
November 18	Campaign for Human Development	\$		
December 9	Retirement Fund for Religious	\$		
<b>Add right-hand column for 2012 TOTAL</b>		<b>\$</b>		

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<b>Account Information</b> <i>(Choose either Bank or Credit Card. Provide information below for one account only.)</i>	<b>Credit Card Information</b>
<b>Bank Name</b>	Credit Card Type <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa
<input type="checkbox"/> <b>Checking (please attach voided check)</b> <input type="checkbox"/> <b>Savings (please attach deposit slip)</b>	Credit Card #
Routing Number	Credit Card Expiration Date
Account Number	Security 3 digit code

**By my signature below, I hereby authorize Our Lady of Fatima Church to (check one):**

**Charge my Credit Card or Bank Account on the first business day after the First of the Month for ALL items that month.**

**Charge my Credit Card or Bank Account on the first business day after the Fifteenth of the Month for ALL items that month.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please note:** Payments will be processed monthly until which time we are notified in writing to stop payments.

***If you wish, please provide names to memorialize loved ones:***

***Easter Flowers:***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***All Souls Day:***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Christmas Flowers:***

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\_\_\_\_\_

\_\_\_\_\_