



**Church of St. Ignatius Loyola**

980 Park Avenue  
New York, NY 10028 212-288-3588

**ENROLLMENT FORM FOR REGULAR OFFERTORY GIVING**

Please accept my regular offertory giving support to the Church of St. Ignatius Loyola.

**Monthly Collection gift of:** (15<sup>th</sup> of every month) \$ \_\_\_\_\_

**Other Parish Collections:**

Annual Appeal (Nov. 15<sup>th</sup>) \$ \_\_\_\_\_

Christmas Collection (Dec. 21<sup>st</sup>) \$ \_\_\_\_\_

Easter Collection (Apr. 1<sup>st</sup>) \$ \_\_\_\_\_

**Music Funds:**

Liturgical Music General Fund (Sept. 1<sup>st</sup>) \$ \_\_\_\_\_

Advent/Christmas Music Fund (Dec. 1<sup>st</sup>) \$ \_\_\_\_\_

Holy Week/Easter Music Fund (Feb. 15<sup>th</sup>) \$ \_\_\_\_\_

**Special Collections:**

Pantry/Soup Kitchen (15<sup>th</sup> of Sept., March, & May) \$ \_\_\_\_\_ Sept., March, & May

World Mission Sunday (Sept. 11<sup>th</sup>) \$ \_\_\_\_\_

St. Joseph's Seminary (Oct. 16<sup>th</sup>) \$ \_\_\_\_\_

St. Vincent de Paul Society (Nov. 1<sup>st</sup>) \$ \_\_\_\_\_

Human Development (Nov. 20<sup>th</sup>) \$ \_\_\_\_\_

Retired Religious (Dec. 11<sup>th</sup>) \$ \_\_\_\_\_

Communications Collection/Catholic University (Jan. 3<sup>rd</sup>) \$ \_\_\_\_\_

Peter's Pence (Feb. 7<sup>th</sup>) \$ \_\_\_\_\_

Catholic Relief Services (March 6<sup>th</sup>) \$ \_\_\_\_\_

Holy Land (March 25<sup>th</sup>) \$ \_\_\_\_\_

Collection for the Archdiocese of the Military (Apr. 10<sup>th</sup>) \$ \_\_\_\_\_

Aid to the Church in Central & Eastern Europe (May 1<sup>st</sup>) \$ \_\_\_\_\_

Catholic Missions Among Black & Indian People (June 5<sup>th</sup>) \$ \_\_\_\_\_

Pastoral Solidarity Fund for the Church in Africa (July 3<sup>rd</sup>) \$ \_\_\_\_\_

Latin America/Home Missions (Aug. 7<sup>th</sup>) \$ \_\_\_\_\_

**Matching Gifts:**

My company will match a portion or all of my gift (*please enclose matching gift information*).

**How Would You Like to Make Your Gift?**

I want to use a Bank Account:     Checking Account     Savings Account

9 Digit Routing Number (*precedes the account # on your check*): | | | | | | | | |

Account #: \_\_\_\_\_

I would like to pay by credit card:    **Card Type:**     Visa     MasterCard     Amex     Discover

**Name on credit card:** \_\_\_\_\_    **Signature:** \_\_\_\_\_

**Card Number:** | | | | | | | | | | | | | | | | | | | | | |    **Expiration Date** \_\_\_\_ / \_\_\_\_ (mo. /yr.)

**NAME:** \_\_\_\_\_

(*please print clearly*)

**ADDRESS:** \_\_\_\_\_ **TODAY'S DATE:** \_\_\_\_\_

**Daytime Telephone #:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

Please send me information about planned giving, including information about adding the Parish to my will or trust.

*All gifts are tax-deductible. Email questions or comments to: church@stignatiusloyola.org or call 212-288-3588.*