

\$PEND

...with the scrip program

Credit Card Set Up

Name: _____ Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Credit Card #: _____

VISA

MasterCard

Expiration Date: _____

Authorized Signature: _____

Printed Signature: _____

Please let us know if any of your information changes.

Also, please note that our bank charges St. Catherine 3% for every charge.

Thank you for participating in this program!

Any questions call Gail Williams (781-6967), or Kathy Saalfeld (781-2802).

Credit Card Imprint:

St. Catherine Parish Earns Needed Dollars