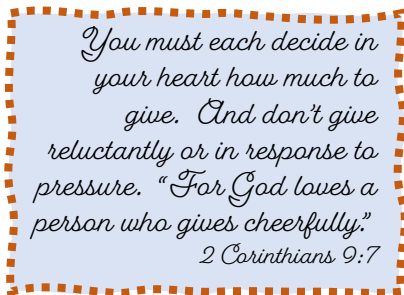


Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____

ID#: _____

Stewardship of Treasure begins July 1, 2024 – June 30, 2025



To ensure confidentiality, please return both completed forms in the enclosed **blue envelope** either in the collection or by mail.

Please indicate with an (X) if this coming **Fall of 2024** you will have a child /child attending...

_____ Faith Formation and/or _____ Catholic Schools.

For those striving to tithe, the following guide may be helpful in making your decision.

A FINANCIAL GUIDE FOR TITHERS						
Annual Income	Weekly Tithe		Monthly Tithe		Annually Tithe	
	10%	5%	10%	5%	10%	5%
\$ 20,000	\$38.46	\$19.23	\$166.67	\$83.33	\$2,000.00	\$1,000.00
\$30,000	\$57.69	\$28.85	\$250.00	\$125.00	\$3,000.00	\$1,500.00
\$40,000	\$76.92	\$38.46	\$333.33	\$166.67	\$4,000.00	\$2,000.00
\$50,000	\$96.15	\$48.08	\$416.67	\$208.33	\$5,000.00	\$2,500.00
\$60,000	\$115.38	\$57.69	\$500.00	\$250.00	\$6,000.00	\$3,000.00
\$70,000	\$134.62	\$67.31	\$583.33	\$291.67	\$7,000.00	\$3,500.00
\$80,000	\$153.85	\$76.92	\$666.67	\$333.33	\$8,000.00	\$4,000.00
\$90,000	\$173.08	\$86.54	\$750.00	\$375.00	\$9,000.00	\$4,500.00
\$100,000	\$192.31	\$96.15	\$833.33	\$416.67	\$10,000.00	\$5,000.00
\$110,000	\$211.54	\$105.77	\$916.67	\$458.33	\$11,000.00	\$5,500.00
\$120,000	\$230.77	\$115.38	\$1,000.00	\$500.00	\$12,000.00	\$6,000.00
\$130,000	\$250.00	\$125.00	\$1,083.33	\$541.67	\$13,000.00	\$6,500.00

Please give prayerful thought as you discern your sacrificial offering of God's gift to you. Challenging yourself to increase your regular tithe by even \$5 or \$10 a week or month will help the parish to continue providing valuable services for you and your family. The church fiscal year is July 1, 2024 to June 30, 2025.

I/We have decided to tithe... _____ **Weekly** _____ **Monthly** _____ **Quarterly**
 (Please fill in the amount on one (1) line only)

My/Our total tithe amount for fiscal year July 1, 2024 to June 30, 2025 will be \$_____.

(To help calculate your total tithe amount...take weekly tithe times 52 weeks for the year: \$100 x 52 weeks=\$5,200 yearly
 or your monthly tithe time 12 months: \$100 x12months-=\$1200 yearly)

❖ We do offer you the ability to set up tithing through auto draft. This is a free service to you! To sign up, please complete the form provided on the backside of this page. You can also use the secure QR code found in the bulletin or the backside of the church missalette found in your pew.

❖ Please initial one of the following:

_____ I am currently enrolled in ACH Debit (automatic draft) and need to update my ACH draft or adjust the amount as indicated on reverse side of this form. (Be sure to attach a voided check if account or bank has changed)

_____ I wish to continue my ACH draft for July 1, 2024, to June 30, 2025, and challenge myself to increase my tithe this year.

_____ I am new to ACH draft...I have completed and signed the reverse side of this form.

Signature Required _____ **Date** _____
 Your signature verifies for us that you are the one completing and submitting ALL the information.

Authorization Agreement for Direct Payments (ACH Debit)

Company Name: Immaculate Heart of Mary Parish, Hays, Inc

I (we) hereby authorize Immaculate Heart of Mary, hereinafter called COMPANY to initiate debit entries to my/our account - mark "X" one option

Checking Account Savings Account

Select one option below for ACH transaction (automatic withdrawal) - mark "X" one option:

Monthly on the 1th **Monthly on the 20th** **Bi-Weekly on the 1th & 15th**

Amount to auto withdraw on date selected (*if bi-monthly the amount for each date*): \$ _____

ACH auto withdrawal or change request will begin July 1, 2024; otherwise indicated begin date here _____.

- ✓ Please attach a voided check, or a copy of your savings account card with this document.
- ✓ No deposit slip will be accepted.
- ✓ Your **signature is required** to process this form. Please sign "Account Owner" below.
- ✓ We will bill a \$30 charge for any overdrafts or returns on your automatic withdrawal plus any other bank charges the parish may incur.

REMEMBER to ATTACH a VOIDED CHECK with FORM....

Please indicate below the name of the depository financial institution, hereafter called DEPOSITORY, and to debit the same account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: _____

Branch: _____ City/State _____

Account Owner(s): _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Account Owner Information

Joint Account Owner Information (Not Required)

Name here... Phone Number	Joint Name here... Phone Number
Account Owner Signature **Required** Date	Account Owner Signature Date

When you sign up for the automatic withdrawal, you will automatically receive a modified packet of envelopes. It will only contain envelopes for special or diocesan collections. A full packet of envelopes is available upon request.