

## Saint Sharbel Catholic Church The Maronite Mission, Las Vegas

## MEMBERSHIP FORM Monthly Donation



## For Our Church MONTHLY MORTGAGE & EXPENSES

Full Name				
Company Name				
Postal Address				
Telephone	H:	W:	C:	F:
Number				
Email:				
The details of my bank Bank:	/ account are as follo	ows: Plea	se accompany with a V	VOID CHECK
Branch Name:				
Routing or ABA nu	ımber:			
Account Number:	#1110 <b>01</b>			
Type of Account:(c	Current /Saving/ Transmission	)		
branch to which I / we may payment of pledge due is (Month)2 though they had been sign processed by computer that details of each withdown	ny transfer my / our acc n respect of the above 20 and continuing ned by me/us personall rough a system known rawal will be printed or	ount the sum: mentioned agi g. All such wit y. I / We unde as the ACH (A my bank state		necessary amount for each month commencing by you shall be treated as hereby authorised will be and I / we also understand
This authority may be car you shall be regarded as r  Signed Date			days notice in writing. Reg society.	ecipt of this instruction by
SIGNATURE: As used for	or signing withdrawals		PLEASE RETURN TO	

Your monthly contribution will be TAX DEDUCTIBLE, you will receive a yearly statement.

"Please hand deliver to Father Nadim Abou Zeid in a sealed envelope confidentially!! Thank you"