

2008 FEED MY SHEEP

Archdiocesan Stewardship Intention Card

This card will be kept on file at the Archdiocese of Omaha

Your Name : _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Parish: _____

Is this a new address? If so, please list old address: _____

Prayer & Presence

Yes, I/we plan to:

- | | |
|---|---|
| <input type="checkbox"/> Celebrate the Eucharist each weekend
<input type="checkbox"/> Regularly receive the Sacrament of Reconciliation
<input type="checkbox"/> Spend time in Eucharistic Adoration
<input type="checkbox"/> Pray in the morning and evening
<input type="checkbox"/> Offer prayer at meals
<input type="checkbox"/> Pray for an end to abortion | <input type="checkbox"/> Pray the Rosary
<input type="checkbox"/> Read and pray with Scripture
<input type="checkbox"/> Pray for our Archbishop, priests, deacons, religious and those who serve the needs of the people in the Archdiocese of Omaha
<input type="checkbox"/> Pray regularly for the success of Stewardship in our Archdiocese |
|---|---|

Financial Intention

1. Intention Amount

Yes, in thanksgiving for God's many blessings, I/we intend to make the following financial commitment to fund the ministries of the Archdiocese during the coming year.

My/Our **TOTAL** gift is \$ _____

Check your payment schedule:

- | | |
|--|--|
| <input type="checkbox"/> Monthly (10 Payments) | <input type="checkbox"/> Semi-Annually |
| <input type="checkbox"/> Quarterly | <input type="checkbox"/> One-Time Gift |

2. Method of Payment (over)

Gift Guideline: 1% of Gross Income*		
Income	1% Gift	10 Monthly Payments
\$10,000	\$100	\$10
\$25,000	\$250	\$25
\$40,000	\$400	\$40
\$50,000	\$500	\$50
\$80,000	\$800	\$80

*The U.S. Bishops outline the following giving guidelines: 5% to parish, 4% to other charities and 1% to diocese.

PLEASE NOTE: The Archdiocese may present your check for payment to your bank electronically. Your bank account will be debited in the amount of the check and the transaction will appear on your bank statement. Your original check will be destroyed once processed, and you will not receive your canceled check back. If we cannot post the transaction electronically, an image of your check will be presented for payment. You can request a copy of your check from us. To opt out, or for more information, please call the chancery at (402) 558-3100, ext. 240

Method of Payment

Amount enclosed: \$_____. Make checks payable to **Feed My Sheep**.

Remaining Balance Due: \$_____. To be paid by:

- Check—please send reminders
- Credit Card (see below)
- Bank Account (see below)



Automatic Payments

Credit Card

Yes, to complete my gift, I hereby authorize the Archdiocese of Omaha to establish automatic payments of \$_____ from my credit card:

- MasterCard Visa Discover

Signature(s): _____

Card Number: _____ - _____ - _____ - _____

Expiration Date: _____

Day of month debits are to be posted (please check one):

- 5th 20th

Bank Account

Yes, to complete my gift, I hereby authorize the Archdiocese of Omaha to establish automatic payments of \$_____ from my bank account:

- Checking Account Savings Account

Signature(s): _____

Bank/Branch: _____

Account Number: _____



YOU MUST INCLUDE A VOIDED CHECK.

Day of month debits are to be posted (please check one):

- 5th 20th

Reminders will be sent beginning January 2009. All contributions to be completed by October 2009.

Please return card and gift to parish.

Yes, please tell me how to remember the Church in my estate.