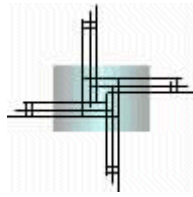


Authorization for Electronic Gifts

to St. Bridget Catholic Church, River Falls, Wisconsin



I hereby authorize St. Bridget Catholic Church and the financial institution named below to initiate entries to my checking/savings account.

Name(s) _____

Address _____

City _____ State _____ Zip _____

Capital Campaign Contribution _____ Parish Membership Number _____

Total amount pledged to "continuing the promise...securing our vision" \$ _____

Please withdraw \$ _____ per month as stipulated below.

Monthly (on the 1st of each month starting on _____ 1, _____

With the final payment on _____ 1, _____

Financial Institution/Branch: _____

Financial Institution Address: _____

Please accept my contribution directly from the account specified:

Checking Account (attach voided check) Savings Account (attach savings deposit slip)

Bank Routing # _____ Account # _____
found between these symbols | : | :

Signature _____ Date _____