

St. Thomas More Catholic Newman Center  
**Living Faith Society**  
Automatic Contribution Authorization Form

**CONTACT INFO**

**Name:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

**City, State, Zip:**

\_\_\_\_\_

**Email:**

\_\_\_\_\_

**Home Phone:**

\_\_\_\_\_

**Cell Phone:**

\_\_\_\_\_

**MONTHLY GIFT INFO**

**Gift Amount:**

\$ \_\_\_\_\_ per month

*Recurring monthly gifts are drafted  
on the 5th business day of the month.*

**AUTHORIZATION**

I authorize the St. Thomas More  
Catholic Newman Center to process  
this gift until otherwise instructed.

**Signature:**

\_\_\_\_\_

**PAYMENT OPTIONS**

**Checking Account:**

Bank: \_\_\_\_\_

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

PLEASE ATTACH A  
VOIDED CHECK

**Credit Card:**

- Visa
- Mastercard
- American Express
- Discover

# \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_

Please complete this form and mail to:

**St. Thomas More Catholic Newman Center**  
**Development Office**  
**1331 Warren Street**  
**Mankato, MN 56001**

If you have any special instructions (honorarium/memorial), please write them in the space below.