



Church of Saint Henry 2020 Time, Talent & Treasure Sign-up

FAMILY LAST NAME(S): _____

ALL ADULTS: _____

ALL YOUTH: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: _____

EMAIL ADDRESS: _____

I want to receive information via email from the Church of Saint Henry (Circle One) YES NO

MASS YOU ATTEND: (CIRCLE ONE)

SAT: 5:00PM SUN: 8:30AM 10:30AM 1:00PM

Each family should fill out this Time and Talent Form. Please return this form the weekend of Nov. 14/15, 2020 or mail in the envelope provided. Thank you.

Talent

Using my talents in parish ministries

Important: Please write the first name of the interested family member on the line.

Circle one to indicate: N = New C = Continuing

Ministries in need, training provided:

- _____ **N C** Eucharist Minister
- _____ **N C** Intercession Prayer Writers
- _____ **N C** Linens & Purificator Cleaners
- _____ **N C** Sacristans
- _____ **N C** Ushers
- _____ **N C** Sanitizing Help (After Masses)
- _____ **N C** Soundboard
- _____ **N C** Music Ministry: (circle one)
Cantors, Instrumentalists, Accompanists
- _____ **N C** Fundraising Team for Extreme Faith Camp
- _____ **N C** Substitute Catechists
- _____ **N C** Classroom Assistants for:
3:25-5:00PM for 1st, 3rd, 4th Grades
- _____ **N C** Classroom Assistants for:
6:00PM for 1st, 3rd, 4th & 5th Grades
- _____ **N C** Classroom Assistants for:
7:15PM 7th Grade Boys
- _____ **N C** Co-D Group Leaders
9th Grade Girls and Boys

*Church of Saint Henry
1001 E 7th St + Monticello, MN 55362
763-295-2402
www.sthenrycatholic.info*

Treasure

My pledge commitment is as follows:

For my **Sunday Offering**,

I would like to make a pledge of \$ _____

Weekly Monthly

Quarterly Annually

For the **Building Maintenance Fund**,

I would like to make a pledge of \$ _____

Weekly Monthly

Quarterly Annually

For the **Accelerated Debt Reduction** (mortgage),

I would like to make a pledge of \$ _____

Weekly Monthly

Quarterly Annually

Please contact me regarding:

- Gifts of stock
- Including the Church of Saint Henry in my estate planning
- My employer has a matching program
- Making a memorial tribute
- Membership in the Parish

Electronic Giving Form

Direct Payment Plan (ACH) option:

(Please attach a voided check if just beginning this option or changing accounts.)

Sunday Offering:

in the amount of \$ _____ on the

15th 30th 15th & 30th of each month

Starting on ____/____/____

Building Maintenance Fund:

in the amount of \$ _____ on the

15th 30th 15th & 30th of each month

Starting on ____/____/____

Accelerated Debt Reduction:

in the amount of \$ _____ on the

15th 30th 15th & 30th of each month

Starting on ____/____/____

Signed _____

By signing, I authorize the Church of Saint Henry to initiate an authorized collection from my bank account as indicated above.



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Quarterly Annually

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