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MONTHLY ENVELOPE OPTION FOR ANNUAL GIVING

Name (Print)
Address
City, State, and Zip

Every two months I will receive **Monthly Offertory Envelopes** from Saint Katharine Drexel, as well as all second (and special) collection envelopes. At any time, I may elect to change my Annual Giving method by completing this form and noting any changes.

Signature: _____ Date: _____

WEEKLY ENVELOPE OPTION FOR ANNUAL GIVING

Name (Print)
Address
City, State, and Zip

Every two months I will receive **Weekly Offertory Envelopes** from Saint Katharine Drexel, as well as all second (and special) collection envelopes. At any time, I may elect to change my Annual Giving method by completing this form and noting any changes.

Signature: _____ Date: _____