



CENTER for MISSION

Serving the global mission activity of the Archdiocese of St. Paul and Minneapolis

Automatic Withdrawal

Please have \$ _____ automatically deducted from my checking account each month beginning in _____. This will remain in effect until I notify you to cancel.

Deduction will be made on the _____ (day) of each month.

Please enclose a voided check.

Name: _____

Address: _____

City, State, Zipcode: _____

Day Phone: _____

Date: _____

Signature: _____

The Center for Mission
328 West Kellogg Boulevard
St. Paul, Minnesota 55102-9952
Web: www.centerformission.org
Email: missions@archspm.org
Telephone: 651-222-6556
Fax: 651-290-1628