

*ST. JOSEPH CHURCH
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**PLEASE AMEND MY AUTOMATIC DONATION
TO REFLECT THE FOLLOWING:**

\$ _____ Weekly Beginning on Monday _____, 20____,

\$ _____ Bi-Weekly Every other Monday - beginning on Monday _____, 20____,

\$ _____ Monthly Beginning on Monday _____, 20____,

\$ _____ Semi-Monthly On the first Monday on/after the 1st and 15th of the month, beginning _____, 20____.

(Signature of original signer)

(Please print name)