Donation Form

Diocese of Toledo & Midwest
Parish Life Conference]
June 26-29, 2024
Hosted By: All Saints Church (Chicago, IL) &
Holy Transfiguration Church (Warrenville, IL)
4129 W Newport Ave, Chicago, IL 60641
(773) 231-6177

tolplc@antiochianevents.com ~ www.toledoplc.org

Following the tradition of the past Diocese of Toledo and the Midwest Parish Life Conferences, we are soliciting Donations to underwrite the cost of events and fixed expenses, while providing a means to make this 2024 Diocese of Toledo and the Midwest Parish Life Conference a success.   All donors will be recognized for their support throughout the Parish Life Conference.

Donation Deadline: June 14, 2024

EARMARK CATEGORY NAME
Select the Earmark Category you wish your donation to go towards:
❑   Audio Visual
❑   Teen Outing
❑   Young Adult Outing
❑   Antiochian Women Lunch
❑   Clergy Family Dinner
❑   Thursday Pizza Dinner
❑   Friday Dinner
❑   Antioch Got Talent
❑   General Donation

Provide the exact text of your Sponsorship Message
Include how you want your name(s) to read.

Name: _____

Company: _____

Address: _____

City & State/Province: _____

Zip Code/Postal Code:_____Telephone: _____

E-mail: _____

Diocese: _____

Parish Name: _____

Parish City: _____ Parish State/Province: _____

Payment Form

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Please complete the information and mail or e-mail completed form to the information above.   To process all transactions, the billing address must match the credit/debit card or checking account statement. If the address is the same please check box under the appropriate section, if not provide billing address below.

Purchase Item (s) *Check all item(s) that is for this payment*:

☐ Event Registration   ☐ Donation   ☐ Vendor

Payment Options (Check one):

○ Credit/Debit Card   ○ Check (E-Check)   ○ Cash/Money Order

Credit/Debit Card Information *to be completed for all Credit/Debit Card Payments*

☐   Credit/Debit Card billing address is same as previous page, if different billing
     address, please include billing address below

Credit/Debit Card No: _____

CVV2:_____   Exp. Date: _____

Check (E-Check) Information *to be completed for all Check Payments*
U. S. Accounts Only!

☐   Checking Account billing address is same as previous page, if different billing
     address please include billing address below

Bank Account Type ○ Checking   ○ Business Checking

Name on Checking Account:_____
                        As its appears on check

Bank Routing (ABA) Number:_____
                      9 Digit Bank Code (see Sample on right side)

Bank Account Number: _____
            6-15 degit account number (see sample in eight side)

All forms must be completed and include full payment in order to be accepted and processed

Please Include Credit/Debit or Checking Account Statement Billing address if different than provided first page

Name:_____ __

Billing Address: _____

City, State, Zip Code: _____

I acknowledge and understand that all purchases and/or donations are **non-refundable** as set forth in the Privacy Statement at www.antiochianevents.org/toledo/terms-of-use; and hereby authorize the Antiochian Archdiocese, Diocese of Ottawa Parish Life Conference], to charge the credit/debit card or bank account as set forth on this form for all purchases and/or donations. When paying by check, **only checks drawn from U. S. Banks** will be accepted (for all other payments, please use credit/debit card).   All checks **will be processed electronically** (via E-Check/ACH). Please do not mail a check with form. *All checks/credit card charges will appear on your statement as Antiochian Archdiocese.*

Amount: $_____ (USD)   Date:_____

Signature _____
Signature required for all forms; Unsigned forms will not be processed!

Sample Credit/Debit Card

Sample Check