

Please consider signing up for Pre-Authorized Debit to support our parish monthly!

## **Your Information:** (please print clearly)

Last Name:	t Name:First Name: t Name (Spouse/other):First Name (Spouse/other):	
Last Name (Spouse/other):		
Address:	City:	Postal Code:
Email:		Phone #:
Start Date: Note: (If end date is recorded new form has t	End Date:	
Your Offertory Gift	<b>3.</b>	
My/Our monthly parish	offering: \$ per	r month
I/we would also like to d	contribute to the following	g annual special collections:
New Year / Solemnity of I	Mary: \$ (Janua	ry)
Share Lent: \$	_ (March or April)	
Good Friday: \$	(March or April)	
Easter Collection: \$ (March or April)		
St. Peter's Seminary Collection: \$ (May)		
Priest Pension Fund: \$ _	(June)	
Parish Thanksgiving App	eal: \$ (Octobe	er)
World Mission Sunday Co	ollection: \$ (O	ctober)
Christmas Collection: \$ _	(December)	
Building Fund: \$	this year; <b>or</b> , \$	per month
Other (please indicate): _	\$	
Date: Signate	ure:	

Please submit this completed form to the parish office along with a personal cheque marked "VOID".

To change or cancel your pre-authorized debits at any time, simply contact the parish office; please note that it may take 2-3 weeks for us to cease your debits. Please do not hesitate to contact us if you have any questions.