

SACRED HEART PARISH

Sharing the love of Christ through our gifts



Mailing address: P.O. Box 30009, Village Mall, Red Deer, AB T4N 1H7
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Pre-Authorized Automatic Giving Agreement Application – Catholic Parish of Sacred Heart

New Agreement Revision to Current Agreement Date: _____

Name (Print): _____

Address: _____ Postal Code: _____

Email: _____ Daytime Phone: _____

Please debit my bank account for the following monthly amount:

| Monthly Offering | Amount |
|----------------------------|--------|
| Regular Sunday Offering | \$ |
| Building Maintenance Fund* | \$ |
| Together We Serve ** | \$ |
| Total Donation | \$ |

* Building Fund includes the main church building, rectory, offices and land & capital expenditures.

On the 1st or 15th of each month;
beginning _____

** Together We Serve supports:

- Canadian Catholic Organization for Development & Peace
- Evangelization of Nations
- Needs of the Canadian Church
- Needs of the Church in the Holy Land
- Foundation of St. Joseph Seminary and Newman Theological College
- Papal Charities
- St. Joseph's College
- St. Joseph Priests' Foundation of Edmonton

- Please email this application to the parish or mail/email to the parish office.
- A Tax receipt for your total annual offerings will be issued before the end of February of the following year.
- **Please include a VOID cheque or include a printout from your financial institution** to complete the information below.

Financial Institution Name: _____

Financial Institution Address: _____ Transit #: _____

Bank #: _____ Account #: _____

I (we), as the account holder(s), authorize the Catholic Parish of Sacred Heart and my (our) institution, to debit, in accordance with the Rules of the Canadian Payments Association, my (our) account at the branch specified above, for the purpose of making a charitable donation to our institution. This authorization is to remain in effect until The Catholic Parish of Sacred Heart has received written or verbal notification from me (us) of its change or termination.

Signature of Account Holder(s)

Dated: _____ at: _____