

# 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 Roof Repair Fund*	\$
Together We Serve **	\$
<b>Total Donation</b>	<b>\$</b>

* <b>Building Roof Repair Fund</b> includes the main church building, rectory, offices, and land & capital expenditures.	
** <b>Together We Serve supports:</b>	
Catholic Social Services Sign of Hope	Diocese of Mackenzie-Fort Smith
SSVP – Society of St. Vincent de Paul – Central Edmonton Council	Evangelization of Peoples
Foundation of St. Joseph Seminary and Newman Theological College	Needs of the Church in Canada
St. Joseph’s College	Needs of the Church in the Holy Land
St. Joseph Priests’ Foundation of Edmonton	Pope’s Pastoral Works
Local priority selected by the Archbishop	

On the  1<sup>st</sup> or  15<sup>th</sup> of each month; beginning \_\_\_\_\_

- 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: \_\_\_\_\_