

Pre-Authorized Donation Application

Name of Contributor:

I hereby request and authorize the Anglican Diocese of New Westminister to withdraw from my account each month the amount of \$ _____ as a donation by me to my local parish.

If you wish to split your donation between various accounts please advise your parish envelope secretary.

Name and Address of Local Parish:

Holy Trinity Cathedral
514 Carnarvon Street
New Westminister, BC V3L 1C4

Automatic Debit

Please attach a voided cheque

or

Credit Card

I wish to make my Pre-Authorized Donation by:

Visa MasterCard American Express

Card No. _____

Expires: _____

Starting Date: _____

Signature of Donor

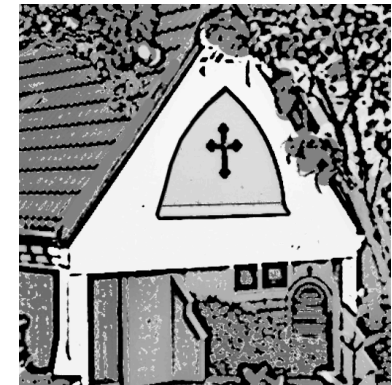


For more information about PAD, please contact:

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Pre-Authorized Donation Program



*administered
as a service of the
Synod office*



Diocese of New Westminister
ANGLICAN CHURCH OF CANADA

