

St. Margaret in-the-Pines Anglican Church

4130 Lawrence Avenue East, Scarborough, ON M1E 2S3

Donor name: _____

Address: _____

City: _____ Province: _____ Postal code: _____

E-mail _____ Envelope# _____ Monthly gift amount $ _____

Name of local church**: St. Margaret in-the-Pines Anglican Church**

This gift to the above church is to benefit

Local church: $_____ Mission and Service: $_____ Other: $ _____

Option 1: Pre-authorized debit

Please attach a VOID cheque.

I/We request/authorize St. Margaret in-the-Pines Anglican Church to debit my/our account on the 20th of every month, starting the 20th of _____ , 20_____. I/we also recognize and agree to the following:

- I/we may change the amount of my contribution at any time by contacting our church PAR contact.
- I/we have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAR agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.
- I/we waive my right to receive pre-notification of the amount of pre-authorized remittance (PAR) and agree that I do not require advance notice of the amount of PAR before the debit is processed.

Signed: _____ Dated:_____

Option 2: Visa/MasterCard/American Express

Please note that a 2.5% service charge reduces the total of your donation to your congregation.

Card number: _____ Expiry: _____ _____
MM YY

Name on card: _____

Signed: _____ Dated: _____

Thank you for your generosity.

For more information about PAG, please contact the Envelope Secretary @envsec@stmargaretinthepines.ca

The use, retention, and disclosure of personal information collected from this form is done in compliance with privacy legislation and adheres to the principles of the *Personal Information Protection and Electronic Documents Act (S.C. 2000, c.5)*.

230090