



HOLY SPIRIT PARISH

114 Kingsmere Place • Saskatoon, SK • S7J 3V7

www.holyspiritsaskatoon.ca

PRE-AUTHORIZED GIVING PROGRAM

_____		_____	
Surname		First Name	
_____		_____	_____
Street Address		Postal Code	Telephone
Email _____			

I/We authorize weekly or monthly automatic payment beginning on the first week of the month of _____, 2015.

I/We wish to donate \$ _____ weekly for church operating expenses.
OR

I/We wish to donate \$ _____ monthly for church operating expenses.

Visa Account # _____ Expiry date _____

M/C Account # _____ Expiry date _____

Bank Debit - please attach to this form a blank cheque marked "VOID."

I/We understand that this authorization is in effect until notification in writing is provided to Holy Spirit parish office.

I/We understand that an official receipt for income tax purposes will be issued according to Canada Revenue Agency requirements.

_____	_____
SIGNATURE	DATE