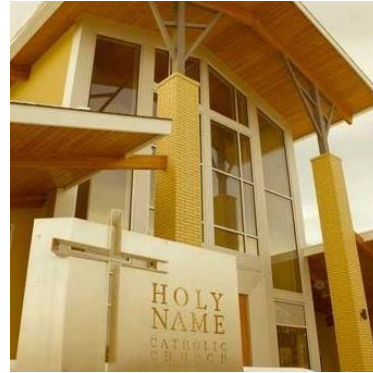


Holy Name Church

Pre-Authorized Contribution Form

'Building Faith in Community'



Holy Name is our spiritual home. Holy Name needs and deserves our wholehearted support so we can continue to be a shining example of God's work. Please give generously and joyfully, and help Holy Name thrive. Please consider how you can meet your obligation best, to suit your personal schedule and budget.

Here is how it works:

- Consider if you want to give to the regular Sunday collection, to the Building Fund, to both or to other collections.
- Fill in the authorization form and return to the parish office or put it in the collection basket. If submitted by the 20th of the month payments will begin in the month following your submission. We will issue one tax receipt for the total year's giving.
- Please give us one month's notice of any change to the banking or credit card information.
- You can continue to use the envelope system as well.

Name _____

Address _____

Telephone _____

Envelope/Donor # _____

E-mail: _____

Frequency of Payment

		Sunday Collection	Building Fund
<input type="checkbox"/>	Weekly, on _____ (Day of the week)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Monthly, on _____ (Day of the week)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Annually, on _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
	Amount _____		

Please continue this donation for ____ months/years. My donation will commence in the month following this authorization on the date indicated.

Method of payment:

<input type="checkbox"/>	Automatic Debit (please attach a VOID cheque). In the event you change banks, please remember to send us a new voided cheque and we will make the necessary changes.
<input type="checkbox"/>	Credit Card Name on card _____ Card Type (Visa, MC, Amex.) _____ Card Number _____ Expiry (mm/yy) _____

Authorization:

I/We hereby authorize payments as described below. This authorization may be cancelled at any time upon written notice by me/us. Any delivery of this authorization constitutes delivery by me/us. Signature(s) must be in accordance with the terms of your bank account or credit card. For example, if the joint account requires two signatures on a cheque then please provide this here. If only one signature is required on a joint account, then one signature will suffice here.

Signature(s) _____