

PRE-AUTHORIZED GIVING ENROLLMENT FORM

Name: _____

Address: _____

City: _____ Province: _____ Postal code: _____

Phone #: _____ E-mail: _____

Please add me to the St. James Cathedral email list. *(I know I can unsubscribe at any time.)*

I/we want to make an offering through:

CREDIT CARD *Please note that a 2–3% service charge reduces the total of your gift to your congregation.*

Card Type: VISA MASTERCARD

Card #: _____ Expiry Date: _____ (mm yy)

Name on card: _____

OR

PRE-AUTHORIZED BANK WITHDRAWAL *Please attach a VOID cheque.*

I/We request and authorize the Cathedral Church of St. James, Toronto to debit my/our bank account on the 20th of each month in the amount indicated below.

I/we want my offering to be as follows:

Total Monthly Amount: \$ _____

To: General Fund: \$ _____

Other: \$ _____ Specify: _____

Signed: _____ Dated: _____

THANK YOU FOR YOUR GENEROSITY.

Please return the signed form to

St. James Cathedral, 65 Church Street, Toronto, ON M5C 2E9.