

STEWARDSHIP 2024 **GIVING CARD**

I/We wish to give a total of \$ _____ for the year 2024 toward the ministries, programs, and operations of The Cathedral Church of St. James.

My/Our commitment will be paid:

Weekly \$ _____ Monthly \$ _____ One-time \$ _____

Name: _____

Mailing Address: _____

No. & Street

City

Prov.

Postal Code

Telephone Number: _____

Email: _____

I/We select the following payment option:

- Continue Pre-Authorized Giving
- Convert to Pre-Authorized Giving
 - Automatic Withdrawal (please attach void cheque)
 - Visa
 - Mastercard

Name as it appears on the card: _____

Number: _____ Expiry: _____

Signature: _____

- E-transfer to gifts@stjamescathedral.ca
- Continue to use Weekly Offering Envelopes
- Online at **www.stjamescathedral.ca** or using the QR code below.

Thank you



Tax receipts will be issued after year-end for cumulative gifts of \$20 or more.

For assistance or information, please contact Susan So, Executive Director, sso@stjamescathedral.ca, 416-364-7865, ext. *225