

ST. AUGUSTINE PARISH

DONATION/PLEDGE FORM



I want to help build St. Augustine School.

Mr. Mrs. Miss Ms. Dr. First name: _____ Last name: _____

Address: _____ City: _____ Prov.: _____

Postal code: _____ Home phone: _____ Bus.: _____ Cel: _____

Parish Envelope Number: _____ Email: _____

Signature: _____

Option 1: I wish to support the Campaign with a donation.

\$1,500 \$3,000 \$5,000 \$7,500 OTHER \$ _____

I have enclosed cash or a cheque payable to: **St. Augustine's Parish - School Building Fund** Charge my donation to my credit card

VISA Mastercard Card number: _____ Expiry date: _____ CVV No.: _____

Option 2: I wish to support the campaign with a donation, pledged over time.

\$1,500 \$3,000 \$5,000 \$7,500 OTHER \$ _____

Regular monthly or yearly giving helps you make a donation by breaking it down into smaller and easier to manage payments.

Receipts for your contributions will be issued once a year.

I pledge \$ _____ over _____ months _____ years

Begin my monthly donation 15th 30th of _____ month Begin my yearly donation _____ month / year

Automated Withdrawal Enclosed cheques payable to: **St. Augustine's Parish - School Building Fund** Charge my Visa Mastercard
(Fill out form on reverse side, deducted on the 15th of each month)

PLEASE PRINT CLEARLY

Card no.: _____ Expiry date: _____

Name: _____

Signature: _____ CVV No.: _____

Spread your donation over time

Total Donation	Spread your donation over time		
	1 year monthly	or 2 years monthly	or 3 years monthly
\$ 7,500	\$625	\$312	\$208
\$ 5,000	\$417	\$209	\$139
\$ 3,000	\$250	\$125	\$84
\$ 1,500	\$125	\$63	—
\$ 1,000	\$84	—	—

The three-digit CVV number is printed on the signature panel on the back of the card immediately after the card's account number.

These are example payment schedules.
We can accommodate almost any schedule to suit your needs.

First name: _____ Last name: _____

Address: _____ City: _____ Postal code: _____

Home phone: _____ Bus.: _____ Cell: _____

AUTHORIZATION AGREEMENT

I, as the account holder, authorize the financial institution whose name appears on the attached voided cheque, to debit my account at the identified branch under terms and conditions agreed to by me with the payee (St. Augustine's Parish) until such time as written notice to the contrary is given by me to the payee. The branch of the financial institution at which I maintain the account is not required to verify that the payment(s) is/are drawn in accordance with the authorization. A debit in paper, electronic or other form in the amount may be drawn on my account up to 12 times per calendar year.

I will notify St. Augustine's Parish in writing of any changes in the account information or termination of the authorization prior to the next due date of the pre-authorized debit. I understand that no recourse will be provided through the clearing system (i.e., no automatic reimbursement in the event of a dispute). I further understand that I may seek reimbursement or recourse from St. Augustine's Parish in the event that a pre-authorized debit is erroneously charged to my account.

If my bank or financial institution does not recognize a pre-authorized debit for whatever reason (for example, insufficient funds in the account), the prepayment arrangement is subject to cancellation. An NSF charge will be charged.

This agreement will remain in effect until St. Augustine's Parish received a written notice of cancellation from me or my financial institution, or until I submit a new pre-authorization form.

ACCOUNT INFORMATION

 VOID Cheque attached

 Name of Financial Institution: _____

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Transit Number

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Institution Number

--	--	--	--

Account Number

SIGNATURE

Authorized Signature: _____ Date: _____

PAYMENT PLAN

PLEASE INDICATE START DATE:

 Monthly Payments: _____ 15th to _____ 15th inclusive (each month)
MONTH MONTH