

Thank you for your interest in our pre-authorized giving plan. Please complete the information below and indicate your preference regarding the donation type, amount of your gift, and frequency of payment. Your contribution will go towards the general fund or an approved designated fund. Return your completed form (with an attached blank cheque marked VOID, if applicable) to the black drop box accessed through the 56th Street entrance by the Yellow Kids Check-in Bus or by mail to the address above, Attn: Finance Department. The information you provide is considered confidential.

1. Basic Information

Full Name:			
Address:			
Phone:		Email:	
2. Approved Designate	ed Accounts		
General	Starfish Pack	Benevolent Fund	SDBC Tutoring
3. Donation Type			
☐ Auto bank wi ☐ I ha	thdrawal ve attached a void cheque		
Auto credit ca	ard Credit Card #: a OR [] Mastercard		Expiry (MMYY):
4. Amount and Freque	ncy:		
🗌 A one-time gi	ft of \$ OR	A recurring gift of \$	
Recurring gift to take pla	. ,		
🗌 biweekly (auto ban	k only)		
semi-monthly (on t	he 15th and last day of each	n month) OR	
🗌 monthly: 🔲 1st d	ay OR 🔲 15th day of eac	h month	
Please indicate the date	you wish to start your pre-a	authorized donation:	
	, <u>,</u>	ur bank account or credit card	

amount and frequency indicated above. I/we understand that this authorization may be cancelled or changed by me/us at any time. I/we attached a VOID cheque (if applicable) for my/our account that will be used for automatic withdrawals.

Date: _____ Signature(s) _____

Cancelling or making changes: You can cancel the pre-authorized giving plan or make changes to it at any time by calling the church office (604-943-8244) or by providing written notice of the change(s) you wish to make to finance@southdelta.org.