

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

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

Address: _____ City: _____ Postal code: _____

Home phone: _____ Bus.: _____ Cell: _____

Email: _____ St. Augustine Parish Envelope Number: _____

Children/Ages: _____

Faith and Foundation - For Our Children

Faith and Foundation is comprised of St. Augustine volunteers responsible for raising funds and providing necessary stewardship to assist the Parish in meeting the needs of its families. Since 1999, more than 1,000 donors have contributed in excess of \$8 million in support of the new school project.

Your family's donation is vitally needed to help our Parish meet its mortgage obligations on the new school and sustain Catholic education for the long-term. At a minimum, we are asking all families to pledge/donate \$1,250 per year (one child) or \$1,500 per year (two children or more). Donors will receive a charitable donation receipt.

Option A: I support the Campaign with a donation.

\$1,250 \$1,500 OTHER \$ _____ on _____, 2017

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: _____

Signature: _____ CVV No.: _____

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

Option B: I support the Campaign with a donation, pledged over time. (2017 Annual pledge period is April/Sept. 2017 - March/Aug., 2018)

\$1,250 \$1,500 OTHER \$ _____

I pledge \$ _____ per month Begin my monthly donation 1st 15th of _____ / 2017
month

Automated Withdrawal Enclosed cheques payable to *St. Augustine's Parish - School Building Fund* Charge my Visa Mastercard
(Complete form on reverse)

Card no.: _____ Expiry date: _____ CVV No.: _____

Name: _____ Signature: _____

I would like more information about the Campaign, other options to give, and I would appreciate a call from a Faith and Foundation representative. I can be reached at: _____

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