

# St. Augustine Parish

## New School Family Donation Form 2018



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 a broad cross-section of volunteers responsible for raising funds to assist St. Augustine Parish meet the needs of its school families and children. Since 1999, more than 1100 donors have contributed approximately \$9 million for our new school building. About one-half of all funds have come from families without children in the school.

**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 \_\_\_\_\_, 2018

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. (2018 Annual pledge period is April/Sept. 2018 - March/Aug., 2019)

\$1,250     \$1,500     OTHER \$ \_\_\_\_\_

I pledge \$ \_\_\_\_\_ per month    Begin my monthly donation  15th     30th of \_\_\_\_\_ / 2018  
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: \_\_\_\_\_

# ST. AUGUSTINE PARISH

## Pre-Authorized Debit - Payment Authorization Agreement Form



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

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Account Number

### SIGNATURE

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PAYMENT PLAN

PLEASE INDICATE START DATE:

Monthly Payments: \_\_\_\_\_ 15<sup>th</sup> to \_\_\_\_\_ 15<sup>th</sup> inclusive (each month)  
MONTH MONTH