



Personal Information

Parent First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Parent First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Children / Grade : \_\_\_\_\_ Parish Envelope Number: \_\_\_\_\_

1 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.

2 Choices to Donate and Pledge

- Spring Registration Please fill out Option A or B below.
Fall Campaign I will make a pledge or donation in the fall.

SIGNATURE

3 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

Automated Withdrawal Enclosed cheques payable to St. Augustine's Parish - School Building Fund Charge my Visa Mastercard

Card no.: \_\_\_\_\_ Expiry date: \_\_\_\_\_ CVV No.: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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