

2020 SHARING GOD'S GIFTS

Our Annual Archdiocesan Appeal

Name : _____

Address : _____

Town: _____

Province _____

Parish : St. Joseph the Worker Parish, Russell, MB

I / we pledge to Sharing God's Gifts - Our Annual Archdiocesan Appeal the following :

Amount of Gift \$ _____

Initial Payment \$ _____

Balance \$ _____

I/we prefer to pay the balance as follows:

Pre-Authorized Debit (see reverse)
Please specify number of payments (otherwise 6 will apply)

Bill my Visa/MasterCard (see reverse)
Please specify number of payments (otherwise 6 will apply)

Post-dated cheques (attached)
Make cheques payable to : **SHARING GOD'S GIFTS**

Note : Please complete all payments by December 31, 2020

Please return on Palm Sunday or before

Pre-Authorized Debit (PAD)

I hereby request and authorize the Archdiocese of Winnipeg to debit my account on the 5th of each month, over a period of _____ months

In the monthly amount of \$ _____ as my contribution to Sharing God's Gifts beginning in _____

Date: _____ Signature _____

TO ENSURE ACCURACY, A SAMPLE CHEQUE MARKED "VOID"

MUST ACCOMPANY THIS ENVELOPE

This donation is made on behalf of : ___an Individual ___a Business

I may revoke my authorization at any time in writing by mail or fax, subject to providing 10 days notice. To obtain a sample cancellation form, or for more information on my right to cancel a PAD

Agreement, I may contact my financial institution or visit www.cdnpay.ca

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

VISA / MASTERCARD

I authorize the Archdiocese of Winnipeg to debit my credit card account, over a period of _____ months in the monthly amount of \$ _____ as my contribution to Sharing God's Gifts

beginning in _____ .

VISA Mastercard Expiration date: _____ / _____

Card Number : _____

_____ / _____

Print Name of Cardholder

Signature of Cardholder