

## Pre-Authorized Donation Application

Name of Contributor:

\_\_\_\_\_

I hereby request and authorize the Anglican Diocese of New Westminster to withdraw from my account each month the amount of \$ \_\_\_\_\_ as a donation by me to my local parish.

*If you wish to split your donation between various accounts please advise your parish envelope secretary.*

**Name and Address of Local Parish:**

Holy Trinity Anglican Church  
15115 Roper Avenue  
White Rock, BC V4B 2E8



### Automatic Debit

*Please attach a voided cheque*

or

### Credit Card

I wish to make my Pre-Authorized Donation by:

Visa    MasterCard    American Express

Card No. \_\_\_\_\_

Expires: \_\_\_\_\_

Starting Date: \_\_\_\_\_

**Signature of Donor**