

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