

Pre-Authorized Giving Plan

Please mail the completed form to:

**The Cathedral of St Peter-in-Chains
Perpetual Fund**

PO Box 252
Peterborough, ON
K9J 6Y8

Please deliver the completed form to:

**The Cathedral of St Peter-in-Chains
Rectory Office**

411 Reid St
Peterborough, ON
K9H 4G7



Declaration: I/we, the undersigned donors (A), hereby authorize THE CATHEDRAL OF ST PETER-IN-CHAINS PERPETUAL FUND (hereafter "THE FUND") to withdraw the amount (B) on the day (C) of each month beginning no earlier than the date (D) from my/our account given in section (E) and deposit said funds to the account of THE FUND. A void cheque or bank certification is enclosed. THE FUND agrees to send an annual tax receipt to the donor at the contact information given in section (F). I acknowledge that changes to or cancellation of this agreement must be made in writing at least 30 days prior to the desired final date of withdrawal.

A _____
Donor name (please print) Joint donor name, if applicable (please print)

B \$ _____ **C** _____ **D** _____
Withdrawal amount Day of the month (1-28) Beginning date (year/month/day)

Donor signature Date

Joint donor signature, if applicable Date

E Donor account information

Account holder name(s) as shown on account

Financial institution name Financial institution address

Transit number (5 digits) Institution number (3 digits) Account number

F Donor contact information

Contact information is used to generate an annual tax receipt for the donor, as well as for occasional mailings regarding projects being undertaken by The Perpetual Fund deemed to be of general interest to donors. Communications by phone or e-mail may be used to contact donor with respect to this pre-authorized payment agreement only.

Donor name Donor name

Street 1 City Province

Street 2 Postal code

Phone number E-mail address