

**Pre-Authorized Giving Plan**

**Declaration:** I/we, the undersigned donor(s) (A), hereby authorize THE CATHEDRAL OF ST PETER-IN-CHAINS PERPETUAL FUND (hereafter "THE FUND") to withdraw the amount (B) on either a weekly, monthly, quarterly, or annual basis (C), on the day of the week, day of the month, or date in the year (D), from my/our account given in section (E) and deposit said amount to the account of THE FUND. THE FUND agrees to send an annual tax receipt to the donor at the mailing address 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)

Weekly  Quarterly

**B** \$ \_\_\_\_\_ **C**  Monthly  Annually **D** \_\_\_\_\_  
 Withdrawal amount Frequency (choose one) Day of week, day of month, or date in year

\_\_\_\_\_  
 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