

Pre-Authorized Giving Donor Card	
Name of Contributor:	
I hereby request and authorize the Anglican Diocese of Toronto to withdraw from my account each month the amount of \$_____ as a contribution by me to my local church and in the amount of \$_____ to FaithWorks.	
<i>For joint accounts, both signatures MUST appear on this form. This authorization may be cancelled at any time upon written notice.</i>	
Name and Address of Local Church: The Church of St. Jude (Wexford) 10 Howarth Avenue Scarborough, ON, M1R 1H4	
If you would like your parish to record designated amounts from your PAG for specific projects, please indicate projects and amounts here:	
Project	\$ Amount
Bank Account Number:	
Type of Account:	
Branch Number:	
Name and address of Financial Institution: _____ _____ _____	
<i>To ensure accuracy, a simple cheque marked "void" must accompany this card to be placed in an envelope for the offering plate at your parish.</i>	
-- OR --	
I wish to make my Pre-Authorized Gift by:	
<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard
Card No.: _____	
Expires: _____	
Date: _____	
Signature of Contributor(s): _____ _____	