

BLESSED SACRAMENT CHURCH,
3 BRISCOE STREET, AMHERSTVIEW, ONTARIO K7N 1X2
TEL 613-389-2009* FAX 613-389-8995*
E-MAIL: blessedsacrament@cogeco.net

DONATION INFORMATION

Dear Parishioner,

I thank you sincerely for your ongoing support of our Parish and its many good works.

Last month, I passed out a survey to get feedback from parishioners and to get suggestions. The response was terrific with constructive criticism, some new ideas and lots of support for what was being done.

One of the new ideas was to give people the option of pre-authorized donations to the church. If you are interested in making your support of Blessed Sacrament/St. Linus by pre-authorized donations, fill in the form below and attach a cheque with "VOID" across it, and put it in the collection basket.

-You will still have a box of envelopes so that your donations are recorded for income tax purposes.

-You do not need to put your envelope in the collection, but some may wish to do so.

Also, some people might not use the regular Sunday envelopes, but will use the envelopes in the box for special collections.

If you are not interested, then everything remains the same as before.

In Christ,

Father Timothy Shea

PRE-AUTHORIZED MONTHLY CHEQUING PROGRAM

NAME: _____

ADDRESS: _____ APT. _____

CITY: _____ PROV. _____ POSTAL CODE _____

TELEPHONE _____ EMAIL _____

I (WE) AUTHORIZE BLESSED SACRAMENT CHURCH, AMHERSTVIEW, ONTARIO TO PROCESS A DEBIT, IN PAPER, ELECTRONICALLY OR BY OTHER FORM IN THE AMOUNT OF: \$ _____ ON MY (OUR) ACCOUNT ON THE 16TH DAY OF EACH MONTH BEGINNING IN _____ (MONTH) (YEAR)

Signature _____ Date _____

Signature _____ Date _____

A "VOID CHEQUE IS ENCLOSED (REQUIRED FOR PRE-AUTHORIZED TRANSACTIONS).

1. The Payor may revoke/cancel their authorization at any time, subject to providing notice within a set period that cannot exceed 30 days. The parishioner must let us know by the first day of the month to give us enough time to make the necessary adjustments without being terribly rushed. 2. "You have certain recourse rights if any debit does not comply with this agreement". For example, You have the right to receive reimbursement for any debit that is not authorized or is not consistent with the agreement. To obtain more information of your recourse rights, you may contact your financial institution or visit www.cdnpay.ca