

Archdiocese of Regina Electronic Giving

Parish Name: _____ City/Town: _____

Offering Amount: _____

Frequency (Funds are withdrawn monthly, please indicate with an X which withdrawal date you prefer)

1st of the month _____

15th of the month _____

Name: _____ Phone: _____

Address: _____ City/Town: _____

Postal Code: _____ Email: _____

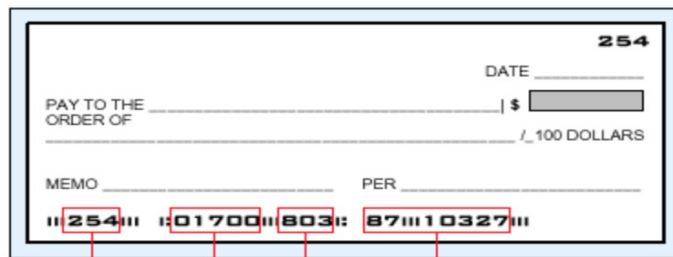
I/We authorize the Archdiocese of Regina to withdraw from our Bank Account:

Bank Name: _____

Transit Number: _____

Account Number: _____

Account Holder: _____



Once you have filled in all the fields, save this form and send it back as an attachment to annualappeal@archregina.sk.ca

If you have questions regarding this form or would like to make changes to your offertory gift please contact the Archdiocese of Regina at bwood@archregina.sk.ca.