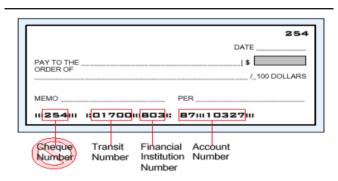
Archdiocese of Regina Preauthorization Form for Parish Donations

Name:	Phone:
Address:	City/Town:
Postal Code: Ema	iil:
Monthly Donation	
\$ monthly	
Start Date:	(dd/mm/yy) 1 st OR 15 th of the month
Pledge Donation	
months \$ monthly	
Start Date:	(dd/mm/yy)1 st or15 th of the month
I/We authorize the Archdiocese of Regi	ina to withdraw from our bank Account:
Bank Name:	
Transit Number:	
Account Number:	
Account Holder:	
Parish Name:	City/Town:
Signature: To agree to this pre-author	orized debit please type your initials here and type YES here _



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 monthly gift please contact Maria Martinez at 306-352-1651 ext. 210