

Archdiocese of Regina Preauthorization Form for Archbishop's Appeal Donations

Name: _____ Phone: _____
Address: _____ City/Town: _____
Postal Code: _____ Email: _____

Monthly Donation

\$ _____ monthly
Start Date: _____ (dd/mm/yy) _____ 1st OR _____ 15th of the month

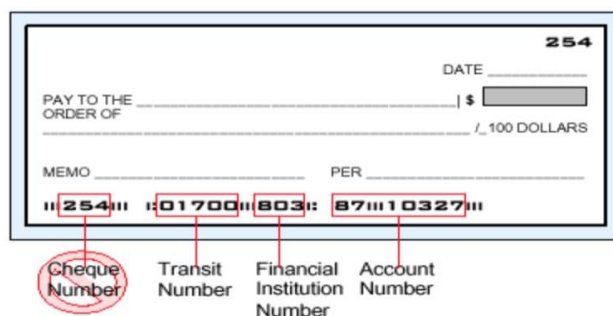
Pledge Donation

_____ months \$ _____ monthly
Start Date: _____ (dd/mm/yy) _____ 1st OR _____ 15th of the month

I/We authorize the Archdiocese of Regina to withdraw from our bank account:

Bank Name: _____
Transit Number: _____
Account Number: _____
Account Holder: _____
Parish Name: _____ City/Town: _____

Signature: To agree to this pre-authorized debit please type your initials here _____ and type YES _____



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