



St. Marguerite d'Youville Parish **“Pre-Authorized Giving” or “PAG”**

2490 Sandalwood Parkway East, Brampton, ON L6R 3A4

Phone: 905-792-7497 Fax: 905-792-8049

The work of St. Marguerite d'Youville Parish is made possible through the giving hearts of parishioners like you. In response to changing lifestyles and demands on time and energy, St. Marguerite d'Youville Parish has a Pre-Authorized Giving Program (PAG) to assist you in your giving.

Some people have found it easier to contribute their Sunday Church Offering by way of a monthly deposit from their Bank to the Parish. No scrambling for pens and envelopes and one can rest assured that your contribution is supporting your Parish, even if you are on holiday or away.

How to sign up for PAG:

- ❖ Simply fill out the PAG form on the reverse and attach a cheque from your account marked “void”, and indicate the amount you wish to give monthly.
- ❖ Place the form and void cheque in an envelope and either bring in to Parish office, drop it off at the Sunday “Welcoming Table” located by the office, fax or mail it to: St. Marguerite d'Youville Parish.
- ❖ If you still wish to receive a box of envelopes while using PAG, you may do so. The value of doing so provides the opportunity to have the special collection envelopes used for second collections, Christmas, Easter, etc.
- ❖ If you prefer, and it is highly suggested, your monthly Mortgage Reduction donation may also be included in your PAG monthly contribution.

Please remember:

If at any time you wish to stop participating in the PAG Program, it is very easy to do so. All that is required from you is a simple note or telephone call, with 30 days notice to the Parish office.

**“Pre-Authorized Giving” or “PAG”
Authorization Form**

I hereby authorize the Pastor of St. Marguerite d’Youville Parish to debit my account on the 15th of each month for the following amount of \$_____.

Weekly Offertory \$_____

Mortgage Reduction \$_____

Other (*please specify*) \$_____

TOTAL Monthly \$_____

Name(s) of Donator(s) and Address as you would like it to appear on your Tax Receipt:

Name: _____

Address: _____

Envelope # _____

Name of Bank/Trust Company/Credit Union: _____

Branch _____

Account No. _____

PLEASE BE SURE TO ATTACH A VOID CHEQUE – THANK YOU

Date: _____

Signature of Contributor(s): Please sign below to authorize.
Remember you may cancel anytime.
