



# ST. SIMON & ST. JUDE PARISH

488 ST. CHARLES ST • BOX 130 • BELLE RIVER ON • N0R 1A0

## Pre-Authorized Giving Form

Thank you for your generous support of the parish and our parish activities. Please consider prayerfully your regular contributions to St. Simon & St. Jude to support the parish in its day-to-day operations.

If you wish to continue your regular offertory donations to St. Simon & St. Jude through an automatic weekly or monthly bank withdrawal, please complete the form below and the tables on the back of this page. The amount you authorize will be sent to your bank at the end of each week or month and the deduction will then be processed. Weekly contributions will be processed on Fridays and monthly contributions on the 15<sup>th</sup> of each month.

Name: \_\_\_\_\_  
Street address: \_\_\_\_\_ City & Postal Code: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Envelope # (if applicable): \_\_\_\_\_

You may phone the office at 519-728-3381 to make any necessary adjustments to your pledge.

For those new to this program there will be four steps to follow to calculate and authorize your weekly or monthly donation:

1. The first will be to decide the amount of your weekly or monthly contribution for *normal parish activities*. Please show this amount on the back of this page.
2. The second step will be to show the weekly or monthly amount you are donating to the *Parish Restoration Fund*.
3. The third step will be to show, for each month, the amount you specify for the annual special collections for that month. These amounts should be shown on the back of this page.
4. The fourth step is to return this form, together with a blank cheque marked VOID.

You may put this in the Sunday collection, in a sealed envelope addressed to the office or you may bring or mail it to the parish office.

# St. Simon and St. Jude Parish ~ Pre-Authorized Giving

## Regular Offertory and Restoration Fund

Regular Offertory for normal operations of the parish:

I wish to donate \$\_\_\_\_\_ on a  weekly or  monthly\* basis for normal operations of our parish until notified otherwise.

Note: You may cancel authorization at any time with written notification to the parish office.

Restoration Fund:

I wish to donate \$\_\_\_\_\_ on a  weekly or  monthly\* basis to the Restoration Fund until notified otherwise.

## Annual Special Collections

Month*	Special Collection	Contribution Amount
January	St. Vincent de Paul	
February or March (date varies each year)	Ash Wednesday	
March or April (date varies each year)	Good Friday	
March or April (date varies each year)	Easter	
June	Priests' Pension Collection	
October	Thanksgiving Appeal	
December	Christmas	

\* The amounts will be debited on the 15<sup>th</sup> of the month indicated.

Note: You may cancel authorization at any time with written notification to the parish office.

Thank you for financially supporting your church!