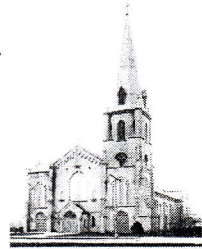


Sacred Heart Church

131 Thames Street North
Ingersoll, Ontario N5C 3C9



If any are considering using the PAR system as a method of weekly/monthly contributions to our Offertory Collection. Please complete the form below and include a cheque marked VOID and return it in the collection basket.

WEEKLY - PRE-AUTHORIZED REMITTANCES (PAR)

I hereby authorize Sacred Heart Parish to deduct

\$10 \$20 \$30 \$40 \$ _____ (other)

On a **weekly** basis starting on the

_____(day) of _____(month) _____ (year)

I understand that I may cancel this transfer at any time by notifying the parish office at least one month in advance.

Name of financial institution _____

MONTHLY - I hereby authorize Sacred Heart Parish to deduct

\$ _____ (amount)

on the ____ day of each **month** from my account indicated below.

I understand that I may cancel this transfer at any time by notifying the parish office at least one month in advance.

Name of financial institution _____

Signature: _____

Please enclose a personal cheque marked VOID

voice (519) 485-1802

e-mail: shingersoll@dol.ca

fax (519) 266-4370

God's House Yesterday ... Today ... and Tomorrow!