



For registration of new PAR donors

For banking changes for existing donors

PAR Authorization

FOR OFFICE USE:

PAR congregation number: 6110175

Church PAR administrator: Alexander Black

Phone number: 519.653.4721

E-mail: alex@strassburger.net

Donor name:		
Address:		30 Saper .
City:	Province:	Postal code:
E-mail:	Envelope #:	Gift amount: \$
Name of local church: St. Peter's Evangelical Lutheran Church		
Address: 810 King Street, East Cambridge ON N3H 3P2		
This gift to the above local chu	ırch is to benefit	
Local church: \$	Mission and Service: \$	Other: \$
every month, starting the 20th following: I/we may change the amount of my l/we have certain recourse rights if reimbursement for any debit that is information on my recourse rights, I/we waive my right to receive prerequire advance notice of the amount of the second secon	this year of 20 this year of 20 toontribution at any time by contact any debit does not comply with this s not authorized or is not consistent of I may contact my financial institution notification of the amount of pre-autunt of PAR before the debit is process	agreement. For example, I have the right to receive with this PAR agreement. To obtain more nor visit www.cdnpay.ca. thorized remittance (PAR) and agree that I do not sed.
Signature:		Date:
		ur donation to your congregation.
		Expiry:
Name on card:		,
Signature:		_ Date:

Thank you for your generosity.

The use, retention and disclosure of personal information collected from this form is done in compliance with privacy legislation including, but not limited to, the *Personal Information Protection and Electronic Documents Act (2000, c.5)*.

The United Church of Canada Attn: PAR • 3250 Bloor St. West, Suite 300, Toronto, ON M8X 2Y4 1-800-268-3781, ext. 3152 • fax: 416-231-3103 • par@united-church.ca