



## **PLEDGE FORM**

Your generous support will help ensure that St. Theresa's Shrine of the Little Flower will continue to thrive by having a beautiful and safe place of worship and vibrant fellowship for many years to come.

We ask that pledges be committed for at least one to two years.

Personal Information	
Name:	
Address:	Postal Code:
Phone: Email:	
CREDIT / DEBIT CARD OPTION  Card Type: □ Credit Card □ Debit Card	PRE-AUTHORIZED PAYMENT – BANK ACCOUNT Account Holder Name:
	Account Holder Name.
Cardholder Name (as shown on card):	
	Institution & Transit No.
Card No.	
Card No.	Account Number
Expiry: CVV:	I am making a pledge, as follows:
I am making a pledge, as follows:	□ \$50 □ \$75 □ \$100 □ Other \$
□ \$50 □ \$75 □ \$100 □ Other \$	☐ One-Time Donation ☐ Monthly
☐ One-Time Donation ☐ Monthly	My donation will start on: (month)
My donation will start on: (month)	Indicate number of months:
Indicate number of months:	Bank payments will be processed
Credit/Debit card payments will be processed	every 20 <sup>th</sup> of the month.
every 1 <sup>st</sup> of the month.	* Please attach a void cheque or your bank
	Pre-Authorized Payment form.
I authorize St. Theresa's Parish to $\square$ charge my credit card <b>or</b> $\square$ withdraw from my bank account the	
pledged donation amount, details as indicated. I understand that my information will be saved on file for	
future transactions related to my pledge. I have the right to cancel my pledge, with due timely notice.	
Signature:	Date:

BY CHEQUE - Please make cheque payable to St. Theresa's Parish / Memo: Shrine Wall Project

Thank you for your generous support of the Shrine Wall Project campaign of the St. Theresa's Parish!

Charitable Registration Number: 10791 0259 RR0100

Please complete this form and submit to the parish office.