

# St. Laurence Coquitlam Stewardship Intention

Tel: 604-936-5423 | Email: stlaurence@telus.net

Please **COMPLETE** this form and **RETURN** by **Sunday, November 24th**

Yes, I/We would like to support the ministries of St. Laurence.

Name(s): \_\_\_\_\_

*My/Our pledge will be:*

**Donation to St. Laurence**     \$ \_\_\_\_\_  
Donation to PWRDF             \$ \_\_\_\_\_  
Donation to SHARE             \$ \_\_\_\_\_  
Donation to Capital Account   \$ \_\_\_\_\_

*How often will you be giving:*

*(choose one)*

- Weekly
- Monthly
- Quarterly
- Annually

**My Total Gift Amount**     \$ \_\_\_\_\_

*Method of giving(choose one):*

- Offertory Envelopes
- Post-dated cheques  
*(please attach cheques)*
- Monthly Debit  
*(complete form below)*
- Monthly Credit  
*(complete form below)*

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## St. Laurence Coquitlam Pre-authorized Monthly Donation

Name: _____	Name: _____
Address: _____	
Phone: _____	Amount per Month: \$ _____
*Signature: _____	*Signature: _____

*I /We hereby request and authorize the Anglican Diocese of New Westminster to withdraw the above amount from my/our account each month. \*2 signatures needed for Joint Accounts*

**Automatic Monthly Bank Debit:**

*~ Please attach VOID cheque ~*

**~OR~**

**Automatic Monthly Credit:**      Visa                              Mastercard

Card # \_\_\_\_\_                             Exp: \_\_\_\_\_