

DONATION & PLEDGE FORM:
GIFT & PLEDGE INFORMATION SHEET

~ one open circle ~



The Community of

Parksville, British Columbia

Saint Anne & Saint Edmund

a centre for spiritual growth,
compassionate action, and creative arts



note/message to accompany donations and pledges:

OPTIONAL INFORMATION:

___ in honour of _____
___ in memory of _____
___ for Spirituality Beyond Borders _____

I/We _____
(name/s)

donate/pledge \$ _____

___ single/one-time donation, or:

\$ _____ per ___ year ___ month ___ week (check one option)

to support the work of
St. Anne & St. Edmund, Parksville,
with Good Shepherd, Lasqueti Island

Signature _____

Date _____

Current information: ___ as on file in the parish office OR

Address:

email: _____

phone: _____

cell phone: _____

My preferred method/s of giving is/are:

Please check **one or more** of the following:

- ___ 1) Pre-Authorized Remittance (PAR):
direct deposit from my bank account
(for a **form to authorize an initiation or update** of regular donations – see below in electronic version, and reverse on hard copy)
- ___ 2) Cheque or Cash Enclosed in Envelope
(please do not mail cash! Cheques payable to:
St. Anne & St. Edmund, Parksville)
- ___ 3) Online: Visa/Mastercard/Interac/Paypal
press **"Click Here to Give"** on our website
home page to pay by credit/debit card or
Paypal through our online account with
Tithe.ly: <http://www.OneOpenCircle.org>
- ___ 4) Online: Email Transfer
(for email transfers from a Canadian bank
account, send your donation to:
parksville.anglican@gmail.com)
- ___ 5) Anonymous giving (third-party receipts) :
donate anonymously: online gifts/receipts:
[https://www.canadahelps.org/en/charities/
the-anglican-parish-of-parksville-b-c/](https://www.canadahelps.org/en/charities/the-anglican-parish-of-parksville-b-c/)
- ___ 6) Envelopes for Sundays & Special Events
(if you check this box, we will provide you
with a package of monthly donation
envelopes)
- ___ 7) Legacy gifts/planned & sustaining gifts
(bequests, life insurance policies,
other financial instruments)
(if you check this box, a Stewardship
Resources Volunteers will contact you)

Action: ---->

There are three choices for submitting this form:

EITHER

1) Please **scan & email** this completed document to
parksville.anglican@oneopencircle.org

OR

2) **mail or hand-deliver** the completed form to:

St. Anne & St. Edmund, 407 Wembley Rd,
Parksville, BC (Canada) V9P 2B2

OR

3) Place the completed form in an envelope in **the Sunday
offering**



one open circle

The parish will store your information in a secure and confidential manner,
and report only aggregated statistical results of donations



Authorization to Begin Automatic Offering Deposit

PARISH OF ST. ANNE and ST. EDMUND, PARKSVILLE
Request for Payment of Regular Offerings
by Pre-Authorized Remittance

Name _____

Address _____

Telephone H _____ W _____

Envelope Number

Bank or Financial Institution _____

Branch Address _____

City _____

Bank number Transit number Account number Mid monthly Remittance \$ End of month Remittance \$

Commencement Date _____

Important: Please attach a **voided** blank cheque from the account you wish to use, to confirm the bank and account identification numbers.

I hereby authorize the Parish of St. Anne and St. Edmund, Parksville to debit my account as indicated above on a continuing basis until altered or cancelled by me in writing. A voided cheque for my account is attached.

Signature _____

Date _____

Attach your voided cheque, or a copy of a voided cheque, to this space below :

Change Automatic Deposit

PARISH OF ST. ANNE & ST. EDMUND, PARKSVILLE

Request for Change to Payment of Regular Offerings
by Pre-Authorized Remittance

Name _____

Address _____

Envelope Number Change of Banking Information:

New Bank Name _____

Branch Address _____

City _____

New Bank number New Transit number New Account number Change of Amount of Remittance:Mid Month Remittance from \$. to \$. End of month Remittance from \$. to \$. Commencement Date for Change _____

IMPORTANT: If changing your banking information, please attach a **voided blank cheque** from the account you wish to use, to confirm the bank and account identification numbers.

I hereby authorize the Parish of St. Anne & St. Edmund, Parksville, to debit my account as indicated above on a continuing basis until altered or cancelled by me in writing.

Signature _____

Date _____

Optional information: Notes or specialized details

___ my/our regular offering

and/or donation/s made:

___ in honour of _____

___ in memory of _____

___ for *Spirituality Beyond Borders* _____

all donations will be used to implement the programs, ministry and mission of the parish and will be used where most needed, unless earmarked for specific causes

___ program and ministry donation

___ heritage, memorial, cemetery, building/grounds maintenance

___ outreach donation: for _____

___ capital project (named and specified) _____

___ other: (named and specified) _____