

# St. Laurence Coquitlam Financial Giving Intention

Tel: 604-936-5423 | Email: office@saintlaurence.ca

Please **COMPLETE** this form and **RETURN** it to the church by December 4, 2022

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

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

*My/Our Annual pledge  
will be:*

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

*How often will you be giving:*

*(choose one)*

- ☐ Weekly  
☐ Monthly  
☐ Quarterly  
☐ Annually

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

*Method of giving(choose one):*

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

## 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: \_\_\_\_\_