

# St. Laurence Coquitlam Financial Giving Intention

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

Please **COMPLETE** this form and **RETURN** to the office

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:**

<i>~ Please attach VOID cheque ~</i>
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**~OR~**

**Automatic Monthly Credit:**  Visa  Mastercard

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