



St Laurence
Anglican Church

Please **COMPLETE** this form and
RETURN it to the parish office
(attention: Envelope Secretary)

PERSONAL INFORMATION

Name(s): _____

Address: _____

Phone: _____ Email: _____

I'm new to St. Laurence (or haven't pledged before) - please contact me

MY ANNUAL PLEDGE

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

My/Our Annual Pledge will be:

	\$ Amount	Weekly	Monthly	Quarterly	Annually
Donation to St. Laurence Parish	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Donation to Alongside Hope (PWRDF)	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Donation to SHARE (foodbank)	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Donation to Paul's Place (community meals)	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MY TOTAL ANNUAL PLEDGE	\$ _____				

(This is an intention, not a contract. You may adjust at any time.)

TAX RECEIPTS

All donations of \$20 or more will receive a tax receipt.

LEGACY GIVING

- I/We have included St. Laurence in our estate plans
- I/We would like more information about legacy giving - please contact the parish office

METHOD OF GIVING (choose one)

E-transfer to office@saintlaurence.ca (preferred - mention "2026 Pledge" in message)

Note: You can schedule recurring e-transfers monthly or at other intervals

Offertory Envelopes - I will pick up envelopes at church

Post-dated Cheques - please attach cheques

Pre-Authorised Debit (PAD) - complete form below

Monthly Credit Card - complete form below

Other - please contact the parish office

PRE-AUTHORISED MONTHLY DONATION (Complete only if using PAD or Credit Card)

Amount per Month: \$ _____

Name on Card/Account: _____

Signature: _____ **Signature (joint account):** _____

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

Bank Debit (PAD) - Please attach a VOID cheque **OR** complete:

Transit # _____ Institution # _____ Account # _____

Credit Card — Visa Mastercard

Card # _____ Exp: _____ CVV: _____

MY ONE TIME GIFT

To help close our 2026 operating shortfall::

I/We will give a one-time gift of \$ _____

Payment method:

E-transfer to office@saintlaurence.ca (mention "Year-End Gift" in message)

Cheque (enclosed or to follow)

Cash
