



Bread of Life Lutheran Church

3018 Doan Drive
Regina, SK S4V 1M1



Church PAR Number: 9180945

PAR Contact: Cheryl Conly
Phone Number: (306) 789-0265
Email: breadoflife@sasktel.net

PAR AUTHORIZATION (Pick one box)

- ☐ **New PAR donor**
☐ **Make a change to my PAR donation**

PAR DONOR INFORMATION

First Name:	Surname:
Mailing Address:	
City:	Province:
Postal Code:	
Home Phone Number:	Cell Phone Number:
Email Address:	

Total Monthly Gift: (Pick one)

☐ \$50.00 ☐ \$100.00 ☐ \$200.00 ☐ \$300.00 ☐ Other \$ _____

Option 1: Pre-authorized debit. (Please attach a VOID cheque)

I/We request/authorize The United Church of Canada on the behalf of Bread of Life Lutheran Church to debit my/our account on the 20th of every month starting the 20th of _____ this year of 20___. I also recognize and agree to the following:

- (1) I/We may change the amount of my gift at any time by resubmitting the PAR Authorization to the church PAR Contact.
- (2) I/We have recourse rights if any debit does not comply with this agreement as detailed on www.cdnpay.ca or by contacting your financial institution.
- (3) I/We waive my right to receive pre-notification of the amount of the pre-authorized remittance (PAR) and agree that I do not require advance notice of the amount of PAR before the debit PAR is processed.

Signature _____ Date: _____

Option 2 Credit Card

Please note your gift will be reduced by the bank's service charge of 2 - 3%.

CARD TYPE: ☐ **MasterCard** ☐ **Visa**

CARD NUMBER _____ Expiry Date _____ CVV(3 digits on back) _____

Name on CARD _____

Signature _____ Date: _____

Thank you for your generosity.

The use, retention and disclosure of personal information collected from this form is done in compliance with privacy legislation including, but not limited to, the Personal Information Protection and Electronics Act (2000, c.5).