

2015 Stewardship Intention Form

Name: _____ Phone or Envelope # _____

In gratitude for the many gifts we receive from God, we pledge to make the following contributions to St. Paul's Church for the 2015 calendar year:

PLEDGE OF TIME: _____ I/We commit to sharing time by regularly attending Sunday services, taking part in parish decisions and participating in social and service related events.

PLEDGE OF TALENT: _____ I/We are interested in serving, or will continue to serve in the following ministries: _____

PLEDGE OF TREASURE: **For the ministries of ST. PAUL'S CHURCH:**
I/ We plan to give \$ _____ per week/month/year
(circle one, please)

_____ I/We would like information on Stock transfer gifts
_____ I/We would like information on Planned Legacy Giving

PAR

Pre-Authorized Remittance is a convenient way to give to give to the church. It is truly giving of your first fruits. We encourage you to consider signing up for this program.

*** An application form is provided on the next page ***

No signature is required because your decision is a covenant with God and is not a contract with St. Paul's.

Please place your completed form in the offertory plate or mail it to:
St. Paul's Anglican Church, 227 Church Street, Newmarket, Ont. L3Y 4C5

PAR Application Form

MONTHLY PRE-AUTHORIZED DONATIONS

With your written permission, St. Paul's is able to withdraw your specifically identified contribution from your bank account each month.

Please complete the section below to make your financial contributions in this way.

NAME *(please print)*

ENVELOPE NUMBER

I hereby request and authorize the Anglican Diocese of Toronto, on behalf of St. Paul's Church Newmarket, to withdraw from my account each month the amount of \$ _____ .

Financial Institution Information:

Name: _____

Address: _____

Bank Account Number: _____

Type of Account: _____

For joint account, both signatures **MUST** appear on this form.
To ensure accuracy, a **VOID** cheque must accompany this form.

To designate specific amounts from your gift, please complete the following:

General Support of St. Paul's Church: \$ _____

FaithWorks *(Diocesan Outreach)* \$ _____

Other *(please specify)* \$ _____

Total \$ _____

Signature(s)

Date

This authorization may be changed or cancelled at any time. Please do so in writing.