



Thank you for your interest in our pre-authorized giving plan. Please complete the information below and indicate your preference regarding the donation type, amount of your gift, and frequency of payment. Your contribution will go towards the general fund. Return your completed form (and an attached blank cheque marked VOID, if applicable) in the offering plate, at the Connect Desk, or by mail to the address above, Attn: Finance Department. The information you provide is considered confidential.

1. Basic Information

Full Name: _____

Address: _____

Phone: _____ Email: _____

2. Donation Type

Auto bank withdrawal
 I have attached a void cheque

Auto credit card Credit Card #: _____ Expiry (MMYY): _____
 Visa OR Mastercard

3. Amount and Frequency:

A one-time gift of \$ _____ OR A recurring gift of \$ _____

Recurring gift to take place:

- weekly (every Monday)
- biweekly (auto bank only)
- semi-monthly (on the 15th and last day of each month)
- monthly: 1st day OR 15th day of each month

Please indicate the date you wish to start your pre-authorized donation: _____.

I/we authorize SDBC to withdraw money from my/our bank account or credit card in accordance with the amount and frequency indicated above. I/we understand that this authorization may be cancelled or changed by me/us at any time. I/we attached a VOID cheque (if applicable) for my/our account that will be used for automatic withdrawals.

Date: _____ Signature(s) _____