



PAR AUTHORIZATION FORM



Thank you for supporting Sandy-Saulteaux Spiritual Centre through Pre-Authorized Remittance. Your automatic monthly donation provides Indigenous ministry training and cross-cultural education. Your tax receipt will be issued annually.

Please complete this form and submit it to:

Mail: Sandy-Saulteaux Spiritual Centre, Box 210 Beausejour MB R0E 0C0

Fax: 204-268-4463

Ministry: Sandy-Saulteaux Spiritual Centre

Ministry PAR contact: erica@sandysaulteaux.ca, 204-268-3913

Monthly gift amount: \$ _____

This is an unrestricted gift to the Sandy-Saulteaux Spiritual Centre.

I/we wish to designate all or a portion of this gift to the following funds:

Building: \$ _____

Global Awareness: \$ _____

General Student Bursary: \$ _____

Dorothy McKay Memorial: \$ _____

Egerton Bales Young: \$ _____

Return of the Buffalo (Indigenous Family Wellbeing): \$ _____

Donor name(s): _____

Mailing address: _____ City: _____

Province: _____ Postal code: _____ E-mail: _____

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

I/We request/authorize The United Church of Canada to debit my/our account on the 20th of every month, starting the 20th of _____, 20 ____ as a contribution to the Sandy-Saulteaux Spiritual Centre.

Option 2: Visa or Mastercard Please note that a 2–3% service charge reduces the total of your donation.

I/We request/authorize The United Church of Canada to charge my/our credit card on the 20th of every month, starting the 20th of _____, 20 ____ as a contribution to the Sandy-Saulteaux Spiritual Centre.

Card number: _____ Expiry: _____ (MM/YY)

Name on card: _____

I/we also recognize and agree to the following:

- I/we may change the amount of my contribution at any time by contacting the ministry PAR contact.
- I/we have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAR agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnipay.ca.
- I/we waive my right to receive pre-notification of the amount of pre-authorized remittance (PAR) and agree that I do not require advance notice of the amount of PAR before the debit is processed.

Signed: _____ Dated: _____