The Cathedral of St Peter-in-Chains

Perpetual Fund

https://cathedralperpetualfund.ca/

Pre-Authorized Giving Plan

Please mail the completed form to:

The Cathedral of St Peter-in-Chains Perpetual Fund

> 317 Hunter St W PO Box 252 Peterborough, ON K9J 6Y8

Declaration: I/we, the undersigned donors (A), hereby authorize THE CATHEDRAL OF ST PETER-IN-CHAINS PERPETUAL FUND (hereafter "THE FUND") to withdraw the amount (B) on the day (C) of each month beginning no earlier than the date (D) from my/our account given in section (E) and deposit said funds to the account of THE FUND. A void cheque or bank certification is enclosed. THE FUND agrees to send an annual tax receipt to the donor at the contact information given in section (F). I acknowledge that changes to or cancellation of this agreement must be made in writing at least 30 days prior to the desired final date of withdrawl.

A			
Donor name (please print) Joint donor name, if applicable (please print)		name, if applicable (please print)	
В	\$ Withdrawal amount	Day of the month (1-28)	D Beginning date (year/month/day)
Doi	nor signature		
Joir	nt donor signature, if applicable		Date
E	Donor account information		
Acc	count holder name(s) as shown on account	ì	
Fina	ancial institution name	Financial institution address	
Tra	nsit number (5 digits)	Institution number (3 digits) A	ccount number
The			rasional mailings regarding projects being undertaken by or e-mail may be used to contact donor with respect to this
Doi	nor name	Donor name	
Stre	eet 1	City	Province
Stre	eet 2	Postal code	
Phone number		E-mail address	