

The Cathedral of St Peter-in-Chains  
Perpetual Fund  
317 Hunter St W  
PO Box 252  
Peterborough, ON  
K9J 6Y8

Pre-Authorized Giving Plan

**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 a weekly, monthly, quarterly, or annual basis (C), on the day of the week, day of the month, or date (D), from my/our account given in section (E) and deposit said amount to the account of THE FUND. THE FUND agrees to send an annual tax receipt to the donor at the mailing address 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 withdrawal. Quarterly withdrawals are scheduled to begin either the month or the month following this authorization is received.

**A** \_\_\_\_\_  
Donor name (please print) Joint donor name, if applicable (please print)

**B** \$ \_\_\_\_\_ **C** \_\_\_\_\_ **D** \_\_\_\_\_  
Withdrawal amount Frequency Day or date

\_\_\_\_\_  
Donor signature Date

\_\_\_\_\_  
Joint donor signature, if applicable Date

**E Donor account information**

\_\_\_\_\_  
Account holder name(s) as shown on account

\_\_\_\_\_  
Financial institution name Financial institution address

\_\_\_\_\_  
Transit number (5 digits) Institution number (3 digits) Account number

**F Donor contact information**

Contact information is used to generate an annual tax receipt for the donor, as well as for occasional mailings regarding projects being undertaken by The Perpetual Fund deemed to be of general interest to donors. Communications by phone or e-mail may be used to contact donor with respect to this pre-authorized payment agreement only.

\_\_\_\_\_  
Donor name Donor name

\_\_\_\_\_  
Street 1 City Province

\_\_\_\_\_  
Street 2 Postal code

\_\_\_\_\_  
Phone number E-mail address