

MEMBERSHIP CONTACT INFORMATION & PLEDGE FORM

To ensure our records are up-to-date and your pledge promise for 2021 is noted, please complete this form and return to us **by December 13, 2020** to be included in the Celebration Homily for pledges received.

YOUR CONTACT INFORMATION

Family Name:		Address:	
Given Name (s) of Family Members:		City:	
		Prov:	Postal Code:
Children living at home (under 18) Name	Date of Birth	Phone: (home)	
		(cell)	
		Email:	
		<input type="checkbox"/> I consent to receiving emails from St. Stephen's Anglican Church	

PERSONAL INFORMATION

<input type="checkbox"/> I would like a Pastoral Visit	Questions, comments, prayer requests:
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For the coming year it is our intention to support the ministries of St. Stephen's as follows:

YOUR PLEDGE PROMISE FOR 2021

Time	My/our gift of time this is:
Talent	I/we offer these talents this year:
Financial resources	<p>My/our target for this year is: \$_____ per <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> quarter <input type="checkbox"/> year</p> <p><input type="checkbox"/> By pre-authorized debit of \$_____ per month (complete pre-authorized debit form on the back).</p> <p><input type="checkbox"/> I/we would like my/our pre-authorized debit withdrawal to remain the same as in 2020.</p> <p><input type="checkbox"/> By offertory/giving envelopes. Envelope number: _____. <input type="checkbox"/> I/we do not have an envelope number</p> <p><input type="checkbox"/> By post-dated cheques (enclosed)</p> <p>To use e-transfer to the ATB, please contact the office (403) 244-4879 for information.</p>

Confidentiality: Your pledge is confidential and you may change it at any time. It will only be viewed by the Envelope Secretary and the Parish Administrator for administration purposes. Your personal information will not be used for commercial purposes. If you wish to have your name removed from the mailing list, please contact Suzan at the office at (403) 244-4879 or administrator@ststephenscalgary.org.

BE REAL BELONG BELIEVE IT



St. Stephen's
 ANGLICAN CHURCH

PRE-AUTHORIZED DONATIONS AUTHORIZATION FOR BANK WITHDRAWAL

Please check one:

- I hereby authorize the Synod of the Diocese of Calgary, Anglican Church of Canada (the "Diocese") to start withdrawing the amount indicated below from my bank account and transfer it to my congregation which is registered with the Diocese to use this service) on or about the 16th day of each month beginning with the month shown below until I cancel or change my instructions in writing.
- I hereby authorize the Synod of the Diocese of Calgary, Anglican Church of Canada (the "Diocese") to change the monthly withdrawal from my bank account in accordance with the information provided below.
- I hereby cancel my authorization for the Synod of the Diocese of Calgary, Anglican Church of Canada to withdraw a monthly amount from my bank account on behalf of my congregation.

**Please return the completed form (signed and dated), and any subsequent instructions,
to Suzan Pedersen, Parish Envelope Secretary.**

YOUR DONOR INFORMATION

Name:	Address:	
Email:	City:	
Phone:	Prov:	Postal Code:

BANK INFORMATION

Name:	Address:	
City:	Prov:	Postal Code:
Account No.	Branch No.	Institution No.

WITHDRAWAL INFORMATION

Monthly Amount:	Starting Month:	Starting Year:
Parish:	Location:	

For Verification, please attach a blank cheque marked "VOID" to the completed Authorizations. Thank You

Authorized Signature(s) of Account Holder

Date

NOTE: 30 DAYS' NOTICE REQUIRED FOR CHANGES TO THE PRE-AUTHORIZED DONATION SERVICE

For Parish Use Only:	Donor Code:
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