



**St. Albert the Great Catholic Parish
Sponsor Our Refugee Family
Pledge Form**

Thank you for considering supporting our Parish Refugee Family. We are looking for parishioners who would like to make monthly donations of \$30 per month for a year. All donations clearly marked "Refugee Family" will receive a tax receipt, whether it is by cash, cheque or any electronic means.

Account holder name: _____ Envelope # _____

Address: _____

Phone: _____ Email: _____

PLEDGE INFORMATION

- I would like to make a one-time donation in the amount of \$ _____
- I would like to donate \$ _____ on a monthly basis for one year

MONTHLY COLLECTION INSTRUCTIONS

Credit Card

I authorize St. Albert the Great Catholic Parish to charge my credit card account for the following amount \$ _____ on the first banking day on or after the 1st of the month commencing _____, 20____.

Credit Card type: Visa MC Account #: _____

Expiry Date (mm/yy): _____

Pre-authorized Debit **(PLEASE ATTACH A VOID CHEQUE)**

I authorize St. Albert the Great Catholic Parish to debit my bank account for the following amount \$ _____ on the first banking day on or after the 10th of each month commencing _____, 20____.

Bank Name: _____

Branch #: _____ Bank #: _____ Account #: _____

Authorization

I understand that I can change or cancel my credit card or pre-authorized debit payment at any time by notifying the parish office with 30 days' notice. I have certain rights if any charge does not comply with this agreement. For example, I have the right to receive reimbursement for any charge that is not authorized or is not consistent with this agreement.

I understand that St. Albert the Great Parish reserves the right to terminate this agreement or my participation therein at any time.

Signature of account holder: _____ **Date:** _____

Office Use Only			
Start Date:		End Date:	