Pre-Authorized Remittance (PAR) Application

For the Church of theRedeemer with administration provided by the United Church of Canada, as recommended by the Anglican Diocese of Toronto

❑ New PAR donor ❑ Existing PAR donor making a change to banking details or donation amounts

Download this form, fill in the details, and forward to the church office

Donor Name: _____ Envelope # (if known) _____

Address: _____

Email _____ Phone _____

This contribution is made to:
The Church of the Redeemer, 162 Bloor Street West, Toronto, M5S 1M4
for the purpose(s) of:

Sustaining Redeemer Ministries $_____ The Common Table $ _____

FaithWorks (Diocese of Toronto outreach ministries) $_____ Other $_____

Total $ _____

Additional Consent

❑ By ticking this box, I/we authorize the Church of the Redeemer to use my contact information to communicate with me/us concerning other parish fundraising projects.

❑ By ticking this box, I/we agree to increase the PAR gift in January of each year by the cost of living, to a maximum of 3% per Diocese of Toronto guidelines.

Further Information

❑ Please contact me about how to remember Church of the Redeemer through my will or other legacy tools.

Continue to next page for remittance information

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Donor Name: _____

Option 1: Pre-authorized Debit

Please attach a VOID cheque

I/We request and authorize The United Church of Canada to debit my/our account on the 20th of every month, beginning on the 20th of _____, 20_____. I/we also recognize and agree to the following:

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

Signed:_____ Dated:_____

Option 2: Visa/MasterCard/American Express

Please note that the 2-3% service charge reduces the total of your donation to your congregation.

Card Number: _____ EXP _____ _____
CARD NUMBER MM YY

Name on Card (print): _____ __CVV _____

Signed:_____ Dated:_____

Thank you for your generosity

The use, retention and disclosure of personal information collected from this form is done in compliance with privacy legislation, including but not limited to, the Personal Information Protection and Electronic Documents Act (2000, c.5)