St. Laurence Coquitlam Stewardship Intention

Tel: 604-936-5423 | Email: stlaurence@telus.net

Please COMPLETE this form and RETURN it to the church

Yes, I/We would like to support the ministries of St. Laurence.

Name(s):_____ _____

My/Our pledge will be:

Donation to St. Laurence **$_____**
Donation to PWRDF $_____
Donation to SHARE $_____
Donation to Capital Account $_____

My Total Gift Amount **$_____**

How often will you be giving:
(choose one)

- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Annually

Method of giving(choose one):

- ☐ Offertory Envelopes
- ☐ Post-dated cheques *(please attach cheques)*
- ☐ Monthly Debit *(complete form below)*
- ☐ Monthly Credit *(complete form below)*

St. Laurence Coquitlam Pre-authorized Monthly Donation

Name:	_____	Name:	_____
Address:	_____		
Phone:	_____	Amount per Month:	$ _____
***Signature:**	_____	***Signature:**	_____

I /We hereby request and authorize the Anglican Diocese of New Westminster to withdraw the above amount from my/our account each month. ****2 signatures needed for Joint Accounts***

Automatic Monthly Bank Debit:

~ Please attach VOID cheque ~

~OR~

Automatic Monthly Credit: ☐ Visa ☐ Mastercard

Card #_____ Exp:_____