

**HOLY TRINITY UNITED CHURCH - GIVING PROGRAM  
PLEDGE RESPONSE RECORD**

All information collected is for the church's ministry planning. It will be received and processed in a confidential manner. Year-end tax receipts will be issued to:

NAME (print) \_\_\_\_\_ PHONE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

How do you wish to be contacted by HTU?       Email       Regular Mail

**It is my intention to contribute to the operation and ministry of Holy Trinity United Church by committing to the following financial support for the 12 months beginning \_\_\_\_\_**

**Local**    \$ \_\_\_\_\_ per week;    **OR**    \$ \_\_\_\_\_ per month ;    **OR**    \$ \_\_\_\_\_ per year  
**M & S**    \$ \_\_\_\_\_ per week;    **OR**    \$ \_\_\_\_\_ per month ;    **OR**    \$ \_\_\_\_\_ per year

**Method of Payment:** ( Please check one )

\_\_\_\_\_ Begin PAR contributions ( Please complete the authorization form below. )

\_\_\_\_\_ Continue with PAR ( No additional Authorization required )

\_\_\_\_\_ Use envelope offerings

**You might consider Pre-Authorized Remittance (PAR):**

**Advantages to the Contributor:**

1. Regular support of your church in the amount that you choose
2. Continual support

**Advantages to the Congregation:**

1. Regular dependable flow of contributions
2. Reduction of paper work and bookkeeping

**PAR Authorization ( Not required for current users )**

I would like to make my donations through Pre-Authorized Remittance (PAR), an automatic monthly deduction from my bank account.

I hereby request and authorize Holy Trinity United Church, Elliot Lake to debit the bank account indicated below in the amount of \$ \_\_\_\_\_ per month.

Bank \_\_\_\_\_

Account # \_\_\_\_\_

\*Please provide a cheque marked "VOID"

*Every thoughtful gift makes a difference. Thank you!*

**2017 Giving Team**