

Holy Family Parish

Pre-Authorized Giving (PAG) Program

“Loving God, I come to you in thanksgiving, knowing that all that I am and all that I have is a gift from you... I offer my gifts of time, talent and possessions as a true act of faith...”

AUTHORIZATION FORM

I hereby authorize the Pastor of Holy Family Parish to debit my account on the 20th day of each month as my/our offertory donation (not including special collections) as noted below:

My/Our total monthly donation of

\$ _____ **Offertory**
 \$ _____ **Restoration Fund**
 \$ _____ **TOTAL**

PAG MONTHLY GIVING GUIDE	
Weekly Amount = Monthly Amount	
\$ 10	\$ 43
\$ 20	\$ 87
\$ 25	\$ 108
\$ 30	\$ 130
\$ 35	\$ 152
\$ 40	\$ 173
\$ 50	\$ 217
\$ 75	\$ 325
\$100s	\$ 433
Based on 52 weeks divided by 12 months	

For example, if you usually contribute \$20.00/week, in order to maintain the same level of giving, you would donate \$87.00 per month, at \$30.00/week you would donate \$130.00 per month, and at \$10.00/week, it would be \$43.00 per month.

The odd amounts are because there are not exactly four weeks in each month, so it is necessary to multiply your weekly amount by 4.33 to arrive at your usual monthly offering.

Name(s) of Donors(s): _____

Full Mailing Address: _____

Tel # (_____) _____

Email: _____

Name of Bank/Trust Company/Credit Union: _____

Branch: _____ Account Number: _____

***Please attach a void cheque**

Signature of Contributor(s): _____ Date: _____

For more information about this program, please refer to the Pre-Authorized Giving (PAG) Program brochure available at the Welcome Desk at the back of the church or on our website holyfamilywhitby.ca.

Office Use Only:
 Parish Code _____

Holy Family Parish

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Good Stewards of all that God has given us.