Giving Response Form 2022/2023

Your details (if we don't already have them or if they have changed) Name:



Address:	Postcode:	
Phone no.	Email address:	
Please select one or more of	the following:	
☐ I pledge to give \$	_ weekly/monthly from (date)	
☐ I would like help setting up givin	g by text message or credit card	
☐ I would like to Set up a Pre Au	thorized Debit for \$ monthl	у
•	Authorized Debit by a small percentage each m the new amount one month beforehand.	January to account for
☐ I would like to Change an exis	ting Pre Authorized Debit to \$	monthly
month. Please provide a scan of a	by the Diocese of New Westminster on our beho void cheque and sign the Pre Authorized Debit ou are changing the amount on an existing don	form to set this up.
If you would like to specify where your	Pre Authorized Debit giving will go please indica	ite amounts:
General Fund \$	Building Fund \$	
Children/Youth Ministry \$	Mortgage \$	
PWRDF \$	Care & Share \$	
Signature	Date	//
Please return this form to the office	e, or place in the offering plate.	
If you have any questions please cor	ntact Kathleen Scollon (Envelope Secretary)	on 604 466 2594 on
giving@stgeorgemapleridge.ca.		

We understand that personal circumstances can change and that you may need to change your plans. Nothing you offer is binding, and you may reduce/increase or stop your giving at any time.