



# CATHEDRAL OF THE HOLY FAMILY

*We are Holy Family*

## *Pre-Authorized Giving Authorization*

Name: \_\_\_\_\_

Address: \_\_\_\_\_ PC \_\_\_\_\_

Phone: \_\_\_\_\_

**Amount:**

\$50    \$25    \$20    \$15

Other amount: \$ \_\_\_\_\_

**Frequency:**

Weekly

1<sup>st</sup> of the month

15<sup>th</sup> of the month

**Start date:** (d/m/y) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**From:**  Chequing Account  
(Void Cheque attached)

VISA    Mastercard

Card #: \_\_\_\_\_

Expiry: \_\_\_\_\_

Signature: \_\_\_\_\_