



# ST. MARY'S SYRO-MALABAR CATHOLIC CHURCH

## LONDON, ONTARIO

### Donation Form

(Official Use Only)

Form No.

I would like to make a monthly preauthorized payment of

100 CAD / Month

200 CAD / Month

300 CAD / Month

150 CAD / Month

250 CAD / Month

350 CAD / Month

Other \_\_\_\_\_ CAD / Month

from DD / MM / YYYY [Attach Void Cheque / Pre-Authorize]

### Donor Information

(KINDLY FILL IN ENGLISH AND CAPITAL LETTERS TO AVOID MISTAKES)

Name of Donor \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Envelope Number (if applicable) \_\_\_\_\_

Ward Unit (if applicable) \_\_\_\_\_

I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD agreement, I may contact my financial institution or visit [www.payments.ca](http://www.payments.ca)

St. Mary's Syro - Malabar Catholic Church  
245 King Edward Ave, London, ON N5Z 3V1  
Email: - [info@stmaryslondon.ca](mailto:info@stmaryslondon.ca)  
Phone: - +1 519 686 7500

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.payments.ca](http://www.payments.ca)

Signature of Donor \_\_\_\_\_

Date \_\_\_\_\_