

ROMAN CATHOLIC DIOCESE OF SASKATOON
 100 - 5th Ave. North, Saskatoon, SK S7K 2N7 (306) 242-1500



DONOR

BAA OFFICE COPY

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PARISH USE ONLY		
CURRENCY		
CHEQUE		
DATE OF DEPOSIT		
MO.	DAY	YR.
PAYMENT		
\$ _____		
INITIAL		

Date _____

Volunteer _____

TOTAL AMOUNT OF GIFT	INITIAL PAYMENT ENCLOSED	BALANCE DUE
\$ _____	\$ _____	\$ _____

Please choose ONE of the following for balance due:

PRE-AUTHORIZED PAYMENT PLAN
 (Please Attach Void Cheque)

OR POSTDATED
 (CHEQUES ATTACHED)

OR SEND
 REMINDERS

OR CREDIT CARD Charge my ___ Visa ___ Mastercard
 the 1st day of each month

Deduct \$ _____ from my bank account.
 the 1st day of each month for _____ months.
 beginning the month of _____.

Please make cheques payable to
 Bishop's Annual Appeal - Name of Parish

\$ _____ per month for _____ months.

Donor's
 Signature _____

Thank You!

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Card Number

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Expiry Date

 Donor's Signature