



PRE-AUTHORIZED GIVING AUTHORIZATION FORM

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

My/our total monthly donation of:

\$ _____ **Offertory**

\$ _____ **Building Fund**

Name(s) of Contributor(s):

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Email Address: _____

Name of Bank/Trust Company/Credit Union: _____

Branch: _____ Account Number: _____

Please attach a VOID CHEQUE (or the form from your bank branch)

Date: _____

Signature of Contributor(s):

Email this completed form along with a scan or photo of a void cheque to:
office.administrator@newmantoronto.com. Or mail the form and a void cheque to: Newman Centre
Catholic Mission, Attention: Office Administrator, 89 St. George Street, Toronto, ON M5S 2E8

