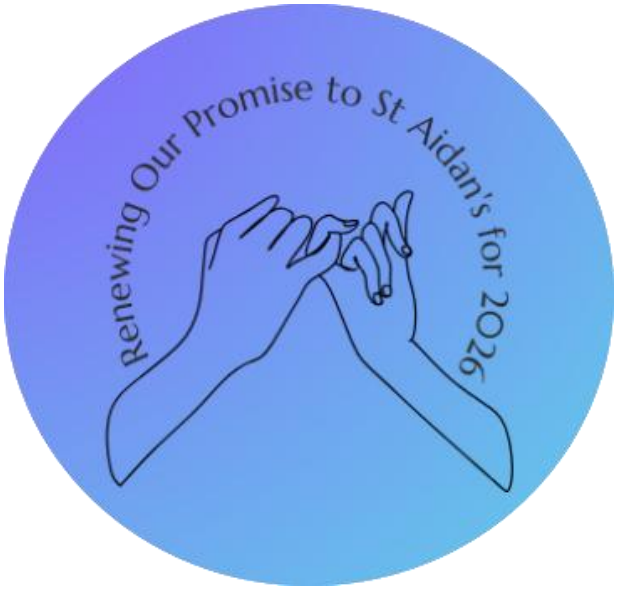

Please confirm your Contact Information for St Aidan's Parish List:

Full Name(s): _____

Email Address(s): _____

Phone Number(s): _____

Mailing Address: _____

Following prayerful consideration, I/we intend to contribute financially to support St. Aidan's in the following amount (including PAR*):

$_____ Total Annual Contribution, **or**

$_____ Monthly Contribution, **or**

$_____ Weekly Contribution

Please select your preferred method(s) of giving:

☐ PAR (Pre-Authorized Remittances) ***To increase or sign-up, please complete the PAR form on the reverse.***
☐ Weekly Envelope Box (Cash or Cheques)
☐ Pew Envelopes (Cash or Cheques)
☐ E-Transfers to staidans@bellnet.ca
☐ Canadahelps.com
☐ Donations to St Aidan's Endowment Fund, Gifts of Securities, and other methods.

Thank you for your generous support of St Aidan's mission and ministry!
Please return your Pledge Form to the Pledge Box by October 26, 2025.

St Aidan's Anglican Church

FOR USE BY PAR ADMINISTRATOR

PAR Congregational Number: _____

Church PAR Administrator: _____

Phone Number: _____

E-mail: _____

PAR Authorization Form

□ **I am a new PAR donor.**

□ **I want to make changes to my existing PAR arrangements.**

Donor Name(s): _____

Address: _____

City: _____ Province: _____ Postal code: _____

E-mail: _____

Envelope # _____ Monthly Gift Amount $ _____

My PAR registration is to support the Parish of St Aidan's, 955 Wingate Drive, Ottawa, ON K1G 1S9.

I/We request/authorize The United Church of Canada, on behalf of, and as a donation to my parish, to debit my/our account on the 20th of every month, starting the 20th of _____, 20_____.

I/we also recognize and agree to the following:

□ I/we may change the amount of my contribution at any time by contacting St Aidan's office.

□ I/we 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 PAR agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

□ I/we waive my right to receive pre-notification of the amount of pre-authorized remittance (PAR) and agree that I do not require advance notice of the amount of PAR before the debit is processed.

***** Please attach a VOID cheque *****

OR

Transit Number **Institution Number** **Account Number**

Signed: _____ Dated: _____

Thank you for your generosity.