June 2018

Dear Parishioners;

Our Lady of Lourdes is pleased to be able to offer pre-authorized payment (PAP) monthly contributions which offers many benefits to our parishioners and our parish.

*Benefit to you as a contributor:*

• Convenience and regular donation amounts

• Ability to support the parish even when you are absent from Sunday Masses

*Benefit to the parish:*

• Regular donations even when parishioners are absent

• More efficient budgeting and cash flow management

• Reducing waste and cost of envelopes

• Reducing the amount of time to count and deposit contributions

I ask you to prayerfully consider the option of our pre-authorized monthly contributions program. Should you choose this option, kindly complete the form on the reverse side of this letter and enclose it in an envelope with a cheque marked VOID. The envelope can be mailed to the parish office or placed in the collection basket. Your monthly contribution amount can be increased, decreased, or cancelled at any time by simply notifying Michael at the parish office or via email.

Thank you for your consideration and may God continue to abundantly bless our parish.

Rev. Dado

Yes, I would like to participate in the

Pre-Authorized Payment (PAP) Program

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

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* Parish contributions will be withdrawn from your account on either the 1st day or 15th day of each month or both.
* Sharing God’s Gifts contributions will be withdrawn from your account on the 25th day of each month.

|  |  |  |
| --- | --- | --- |
| **Contribution Category** | **Amount $** | **Date(s) - PLEASE CIRCLE** |
| PARISH  |  | 1st 15th Both |
| SHARING GOD’S GIFTS |  | 25th  |



**Please include a VOID cheque with this form**.

Thank you for your generous contribution.