

Church of Saint John the Evangelist, Hamilton

Pre-Authorized Giving Form

Please return or mail to
320 Charlton Ave. W., Hamilton, ON L8P 2E7

At St. John the Evangelist Church, Hamilton, we represent a community of family and friends with a shared vision to empower people to learn about God through scripture, influence the world in a Christ-like manner, and find peace, love, hope, and joy in God. Together we live out our core values in the world.

On this shared path, we pool our resources gladly. We chip in with the work required and stand ready to give a hand as we're able. We also accept a hand of support when it is needed. By pitching in together with our time, talents and treasure, we grow as individuals spiritually as we help to grow the spirit of good in our local community and beyond.

When you use Pre-Authorized Giving, it not only helps our church community plan its annual budget. It means our church can plan its ministries. It enables us to move from budget talk to ministry, outreach, activism, prayer, and caring for one another. It means we can focus more on why we exist as a community of believers rather than how we're going to make ends meet.

**Thank you for your support of
The Church of Saint John the Evangelist, Hamilton and its ministries.**

You make a difference.

Easy Giving through Pre-Authorized Giving (PAG) Church of Saint John the Evangelist Church, Hamilton

Business Number: 108099771RR0106

If you prefer to use your **Credit Card for Pre-Authorized Giving**, please go online to www.rockonlocke.ca/pages/support-our-ministry. Note: you do not need to use this paper form for PAG when using your credit card.

New* Increase Decrease Change Banking* Cancel

Name(S) _____

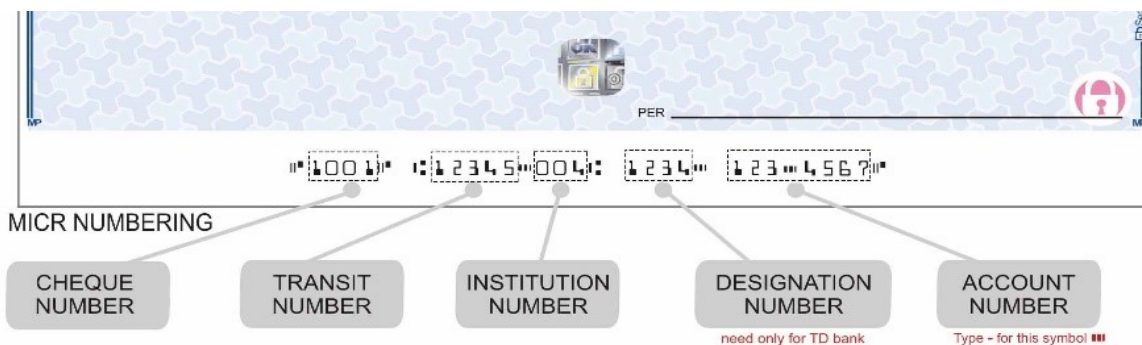
Address _____

City _____ Postal Code _____

Phone _____ Email _____

* For New or Changed Banking, please provide a void cheque OR complete the table:

Cheque Number (not needed)	Transit (Branch) Number					Financial Institution Number	Designation Number					Account Number							



Payments can be taken on any numerical day of the month, i.e., 1st, 15th, 22nd, etc.) Please indicate below.

I/we hereby authorize you to debit my/our account each month on the _____ (1st, 12th, etc.) in the amount of \$ _____ payable to the Diocese of Niagara on behalf of the Church of St. John the Evangelist, Hamilton.** Your treatment of each payment shall be the same as if I/we had personally issued a cheque authorizing you to pay as indicated and to debit my/our account accordingly.

This authorization may be canceled upon written notice. Please note that we must receive any change by the 15th of the month for it to take effect for the following month.

Signature (1) _____ Date _____

Signature (2) _____ Date _____

**The Diocese of Niagara remits Pre-Authorized Giving donations back to St. John the Evangelist, Hamilton. Please contact the church office at (905) 522-0602 with any questions or to make any changes.