

St. Augustine Parish

New School Family Donation Form 2025



Mr. Mrs. Ms. Dr. First name: _____ Last name: _____

Mr. Mrs. Ms. Dr. First name: _____ Last name: _____

Address: _____ City: _____ Postal code: _____

Home phone: _____ Bus.: _____ Cell: _____

Email: _____ St. Augustine Parish Envelope Number: _____

Children/Ages: _____

Faith and Foundation - For Our Children

Faith and Foundation is comprised of a broad cross-section of volunteers responsible for raising funds to assist St. Augustine's Parish meet the needs of its school families and children. Since 1999, more than 1450 donors have contributed over \$15 million for our new school building. This was made possible as a result of consistent support from school families over the past two decades and parishioners and families without children in the school who contributed significantly to the school building project.

Your family's donation is needed to help grow the Parish's school building fund in order to complete the last phase of the school which includes a new gymnasium. **At a minimum, we are asking all families to pledge/donate \$1,300 per year (one child) or \$1,650 per year (two children or more).** Donors will receive a charitable donation receipt from St. Augustine's Parish.

Option A: I support the Campaign with a donation.

☐ \$1,300 ☐ \$1,650 ☐ OTHER \$ _____ on _____, 2025

☐ I have enclosed cash or a cheque payable to **St. Augustine's Parish - School Building Fund** ☐ Charge my donation to my credit card

☐ VISA ☐ Mastercard Card number: _____ Expiry date: _____

Signature: _____ CVV No.: _____

The three-digit CVV number is printed on the signature panel on the back of the card immediately after the card's account number.

Option B: I support the Campaign with a donation, pledged over time. (2025 Annual pledge period is March/Sept. 2025 - Feb./Aug., 2026)

☐ \$1,300 ☐ \$1,650 ☐ OTHER \$ _____

I pledge \$ _____ per month Begin my monthly donation ☐ 15th ☐ 30th of _____ / 2025
month

☐ Automated Withdrawal ☐ Enclosed cheques payable to **St. Augustine's Parish - School Building Fund** ☐ Charge my ☐ Visa ☐ Mastercard
(Complete form on reverse)

Card no.: _____ Expiry date: _____ CVV No.: _____

Name: _____ Signature: _____

☐ I would like more information about the Campaign, other options to give, and I would appreciate a call from a Faith and Foundation representative. I can be reached at: _____

ST. AUGUSTINE PARISH

Pre-Authorized Debit - Payment Authorization Agreement Form



First name: _____ Last name: _____

Address: _____ City: _____ Postal code: _____

Home phone: _____ Bus.: _____ Cell: _____

AUTHORIZATION AGREEMENT

I, as the account holder, authorize the financial institution whose name appears on the attached voided cheque, to debit my account at the identified branch under terms and conditions agreed to by me with the payee (St. Augustine's Parish) until such time as written notice to the contrary is given by me to the payee. The branch of the financial institution at which I maintain the account is not required to verify that the payment(s) is/are drawn in accordance with the authorization. A debit in paper, electronic or other form in the amount may be drawn on my account up to 12 times per calendar year.

I will notify St. Augustine's Parish in writing of any changes in the account information or termination of the authorization prior to the next due date of the pre-authorized debit. I understand that no recourse will be provided through the clearing system (i.e., no automatic reimbursement in the event of a dispute). I further understand that I may seek reimbursement or recourse from St. Augustine's Parish in the event that a pre-authorized debit is erroneously charged to my account.

If my bank or financial institution does not recognize a pre-authorized debit for whatever reason (for example, insufficient funds in the account), the prepayment arrangement is subject to cancellation. An NSF charge will be charged.

This agreement will remain in effect until St. Augustine's Parish received a written notice of cancellation from me or my financial institution, or until I submit a new pre-authorization form.

ACCOUNT INFORMATION

☐ VOID Cheque attached

☐ Name of Financial Institution: _____

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Transit Number

--	--	--	--

Institution Number

--	--	--	--	--	--	--	--	--	--

Account Number

SIGNATURE

Authorized Signature: _____ Date: _____

PAYMENT PLAN

PLEASE INDICATE START DATE:

☐ Monthly Payments: _____ 15th to _____ 15th inclusive (each month)
MONTH MONTH