

2017 Stewardship Form

<input type="checkbox"/> PRAY	I bless everyone and I bless the Centre for Spiritual Living Toronto as a place of love and forgiveness which transforms lives.
<input type="checkbox"/> DONATE	One-time donation of \$ _____
<input type="checkbox"/> BECOME A STEWARD	I will commit to a financial pledge: \$ _____ <input type="checkbox"/> per week <input type="checkbox"/> twice monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> per month Day/Date(s) on which to debit my account each week/month: _____
<input type="checkbox"/> INCREASE MY CURRENT PLEDGE	Please increase my current pledge to: \$ _____ <input type="checkbox"/> per week <input type="checkbox"/> twice monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> per month Day/Date(s) on which to debit my account each week/month: _____

Name: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____

Cell Phone: _____
 Home Phone: _____
 Email Address: _____

I choose to give by cash or cheque. Please use a Love Offering Envelope and include your name for tracking purposes.

I choose to give as a member of the *STEP UP* Pre-authorized giving program.

I/we hereby authorize the **Centre for Spiritual Living, Toronto** to initiate automatic debits from my/our credit card or chequing/savings account located at the depository (bank) named below. I/we also acknowledge that the origination of the automatic debit transactions to my/our account will comply with the provisions of Canadian Law. [Please choose an option below for your pre-authorized transaction.]

Credit Card Authorization

Name on Card: _____

Credit Card Number (Visa or Mastercard only please): _____

Expiry Date: _____ CVV: _____

Automatic authorizations will remain in full force until the Centre for Spiritual Living Toronto has received written notification from me of their termination in such time and in such manner as to afford the Centre and the financial institution reasonable opportunity to act upon it.

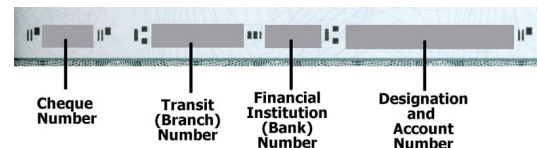
EFT from Chequing or Savings:

Name of Financial Institution: _____

Transit Number: _____

Institution Number: _____

Account Number: _____



Print Name

Signature

Date

If you have questions about the Stewardship program or the auto-debit program for the Centre for Spiritual Living Toronto please contact a board member.

THE INFORMATION PROVIDED ON THIS FORM WILL BE HELD IN STRICT CONFIDENCE FOLLOWING NORMAL **CENTRE FOR SPIRITUAL LIVING TORONTO** POLICY AND PROCEDURES FOR PLEDGES AND DONATIONS.