

# Stewardship Pledge 2018

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I generously choose to **DONATE** a one-time donation of \$ \_\_\_\_\_ □

I will commit to **69-B ; '5' :-B5B7-5@`GH9K5F8Á[-A&•|c[ÉÁQÁ, á||Á&[ { { ácÁc[Áæ financial pledgHRIT\$\_\_\_\_\_`´´´**

per week    twice monthly    biweekly    per month

DDWHMRLFWRGHELWPDFERWHDFFHNPRWB BBBB BBBB BBBB □

QÁ&@[ [•^Ác[Á-B7F95G9`AM`7 I FF9BH`D@98 ; 9ÉÁ Please increase my current pledge to \$ \_\_\_\_\_

per week   twice monthly   biweekly   per month

Day/Date(s) on which to debit my account each week/month: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**I choose to give by cash or cheque`YUW\`h]a Y`:`UhhYbX`G i bXUm`GYf j]WY"**  
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.

D`YUgY`W\ ccgY`Ub`cdh]cb`VY`ck`Zcf`mc i f`dfY!U i h\cf]nYX`hfUbgUWh]cb.`

**Credit Card Authorization**  
 **EFT from Chequing or Savings**

**HSDDHIWWUDVDF      WLRIHHRUHDFWUDVDFWLR**  
 **OHDVHERVGLGHUGRL**

Name on Card: \_\_\_\_\_

Credit Card Number (Visa or Mastercard only): \_\_\_\_\_

Expiry Date: \_\_\_\_\_ CSV: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Transit Number: \_\_\_\_\_

Institution Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

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.

\_\_\_\_\_

**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.