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## My Estimate of Giving Card

### PRE-AUTHORIZED GIVING

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PH: \_\_\_\_\_

PLEASE COMPLETE ONLY ONE OF THE BOXES BELOW

❖ PLEASE ENROLL ME IN THE MONTHLY PRE-AUTHORIZED DEBIT PLAN

❖ I have attached a void cheque

❖ i would like my monthly pre-authorized payment for St. George's to be:

\$ \_\_\_\_\_ per Month Starting: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's date: \_\_\_\_\_

❖ I AM CURRENTLY ENROLLED IN THE MONTHLY PRE-AUTHORIZED DEBIT PLAN

❖ I would like to increase my monthly pre-authorized payment for St. George's to be:

\$ \_\_\_\_\_ per Month Starting: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's date: \_\_\_\_\_