



## Monthly Donation (PAR) Registration

- ☐ **For registration of new PAR donors**  
**or**  
☐ **For banking changes for existing donors**

### FOR USE BY PAR ADMINISTRATOR

Par Congregational Number: 11090005  
Contact: Emmaus Cellarer / Treasurer - currently Rob C-S  
Phone Contact: 778 557 4166 or 778 977 7562 (Rob Cell)  
Email Contact: treasurer@emmauscommunity.ca

Donor name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

E-mail \_\_\_\_\_ Envelope# \_\_\_\_\_ Monthly gift amount \$ \_\_\_\_\_

Name of local church: The AbbeyChurch and The Emmaus Community – Victoria, BC

Address: Mail: 1702 Belmont Ave. / Worship: 932 Balmoral Ave (First Met) / Charitable: Anglican Diocese of BC - 900 Vancouver St. Victoria

This monthly gift is to benefit The Emmaus Community and The AbbeyChurch. These are a ministry of the Anglican Diocese of BC and a shared ministry of The United Church of Canada and The Anglican Church of Canada.

### Option 1: Pre-authorized debit

Please attach a **VOID** cheque.

I/We request/authorize The United Church of Canada to debit my/our account on the 20th of every month, starting the 20th of \_\_\_\_\_, 20\_\_\_\_\_. I/we also recognize and agree to the following:

- I/we may change the amount of my contribution at any time by contacting our church PAR contact.
- I/we have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAR agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).
- I/we waive my right to receive pre-notification of the amount of pre-authorized remittance (PAR) and agree that I do not require advance notice of the amount of PAR before the debit is processed.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

### Option 2: Visa/MasterCard/American Express

Please note that a 2.5% service charge reduces the total of your donation to your congregation.

Card number: \_\_\_\_\_ Expiry: \_\_\_\_\_ MM YY

Name on card: \_\_\_\_\_

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

**Thank you for your generosity.**

The use, retention, and disclosure of personal information collected from this form is done in compliance with privacy legislation and adheres to the principles of the *Personal Information Protection and Electronic Documents Act (S.C. 2000, c.5)*.

The United Church of Canada Attn: PAR • 3250 Bloor St. West, Suite 200, Toronto, ON M8X 2Y4  
1-800-268-3781, ext. 3152 • fax: 416-231-3103 or 416-232-6003 • [par@united-church.ca](mailto:par@united-church.ca)