



**ANGLICAN DIOCESE
OF OTTAWA**
GROWING IN FAITH TOGETHER

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Charitable registration number:
108084658RR0030



**PLEDGE CARD
ANGLICAN DIOCESE OF OTTAWA**

“GIFT” PRE-AUTHORIZED PAYMENT AUTHORIZATION

I (We) authorize the Diocese of Ottawa in Ottawa, Ontario to process a debit in paper, electronic or other form in support of the Growing in Faith Together Campaign in the amount of :

\$ _____ from my (our) account on or about the 15th of each MONTH.

Please begin processing this request on the _____ day of _____, 20 _____.

Name of Bank or Trust Company or Credit Union

Transit / Account Number
_____ / _____

Account Type: _____

Donor Name: _____

Address / Contact Information:

This donation is made on behalf of:
 an Individual (s) a Business (check one)
I may revoke my authorization at any time, subject to providing notice of ____days - not to exceed 30 days.

To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca.

I 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 PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

I (We) acknowledge that I (we) have read and understood all of the provisions contained in the terms and conditions of the Pre-Authorized Payment Authorization.

I (We) attached our “Void” cheque.
(Two signatures are required for joint accounts)

Signature: _____

Signature: _____

Date: _____

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MY PLEDGE TO "GIFT"

please print

I/We _____

of the parish of _____
 wish to support the Growing in Faith Together
 Campaign with a 5 year pledge of:

- Step 1**
Decide on your level of support
- \$1,000 or \$200 per year
 - \$2,500 or \$500 per year
 - \$5,000 or \$1,000 per year
 - \$10,000 or \$2,000 per year
 - \$15,000 or \$3,000 per year
 - \$_____ for ___ years or \$_____ per year
 - or a One-Time Gift of \$_____

- Step 2**
Decide on payment schedule
- Monthly Quarterly
 - Annually Semi-Annually
 - Specify _____
- I enclose \$_____ as my initial payment.

- Step 3**
Decide on method of payment
- The method of payment I/we prefer is:
- Cash
 - Cheque (Make cheque payable to: The "Growing in Faith Together" Campaign)
 - Post Dated Cheques
 - Pre-Authorized Payment (see reverse)
 - Publicly Traded Securities
 - Visa or MasterCard (circle one)
- (Please make payment by going to www.growinginfaithtogether.ca to remit payment securely online.)

My pledge starts on: ____/____/____
 (day/month/year)

Signature: _____

Signature: _____

Date: _____

WONDERING WHAT TO GIVE?

Household Income	5 Year Pledge			Annually		Quarterly	Monthly	Weekly
	Amount Pledged	Tax Savings	After Tax Amount	Pledge Payment	Quarterly Equivalent	Monthly Equivalent	Weekly Equivalent	
\$ 25,000	\$ 500	\$ 230	\$ 270	\$ 100	\$ 25	\$ 8.33	\$ 1.92	
\$ 25,000 to \$ 35,000	1,500	690	810	300	75	25.00	5.77	
\$ 35,000 to \$ 50,000	2,500	1,150	1,350	500	125	41.67	9.62	
\$ 50,000 to \$ 75,000	5,000	2,300	2,700	1,000	250	83.33	19.23	
\$ 75,000 to \$ 100,000	10,000	4,640	5,360	2,000	500	166.67	38.46	
\$ 100,000 to \$ 150,000	15,000	6,960	8,040	3,000	750	250.00	57.69	
\$ 150,000 to \$ 250,000	25,000	11,600	13,400	5,000	1,250	416.67	96.15	
\$ 250,000 +	50,000	23,200	26,800	10,000	2,500	833.33	192.31	

All gifts are eligible for tax credits. The indicated savings are guidelines only and may vary depending on individual circumstances. This guideline is based on the maximum credit available after the first \$200 of donations. Please consult a professional tax advisor for more information.

BEQUEST NOTIFICATION/REQUEST

I/We _____

have made provisions for the:

- Parish
- Diocese
- National Church

in

- Our Will (Bequest)
- Our Life Insurance Policy
- Real Property

in the amount of \$ _____.

We would like more information about Planned Giving options. Please:

- Send us more information about our planned giving options.
- Ask the Diocesan Stewardship Development Officer to call us to discuss our options.
- Our parish would benefit from a Planned Giving presentation.

Thank you.

AMBASSADOR'S NOTE & SUGGESTIONS

Visited By: _____

Captain or Chair: _____

Parishioner Information: _____

Signature: _____

Date: _____

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