



PAR AUTHORIZATION FORM

Please check: PAR registration of new donor(s)
 Banking change for existing donor(s)

Church Name: NORTH KILDONAN UNITED CHURCH

PAR Congregational Number 8091140

I/We, _____ (envelope # _____) request and authorize The United Church of Canada to debit my/our account on the 20th of every month in the amount of \$_____, starting on the 20th of _____ (enter month). This contribution is made on behalf of:

Name of Local Church: North Kildonan United Church

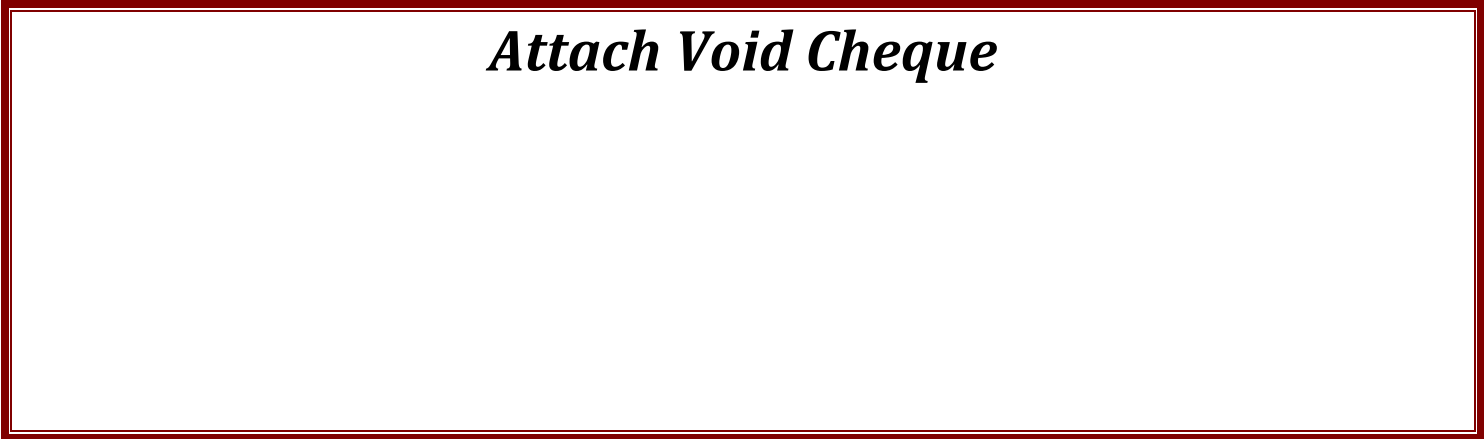
Address: 174 Pentland Street

City: Winnipeg Province: Manitoba Postal Code: R2G 2S3

This contribution by my/us to the above local church is to benefit:

Local Church \$ _____ Mission and Service Fund \$ _____ Other \$ _____

This donation/payment is made by (check one): Individual(s) Business



Signed: _____ Date: _____

Name of Church PAR Contact: nkuc@mymts.net

Phone Number of Church PAR Contact: 204-667-7408

When this form is complete, please email to the church and we will be in contact with you.

Thank you.