



St. Justin Martyr Parish

3898 Highway 7 East, Unionville, ON L3R 1L3, Canada

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Website: stjustinmartyrun.archtoronto.org

Pre- Authorized Giving (P.A.G) Agreement

☐ New PAG Agreement

☐ Change of Information

☐ Cancellation of PAG

Last Name

First Name

Address

Email

Phone

Envelope #
(if applicable)

Sunday Collection: I want to support St. Justin Martyr Parish through my regular Sunday offerings to be made on a **MONTHLY** basis. Please debit my bank account:

___\$80 ___\$120 ___\$160 Other Amount \$_____ (specify)

HOPE Fund: I wish to make extra contributions to St. Justin Martyr Parish for special church projects and repairs through **MONTHLY** donations. Please debit my bank account:

___\$50 ___\$75 ___\$100 Other Amount \$_____ (specify)

☐ I agree that the debit(s) will be withdrawn from my account on the 20th of each month and I attach a **Void Cheque**.

Signature: _____ Date: _____

“We are a growing, compassionate community of Catholic Christians,
sharing our gifts and talents in service of others according to the teachings of Jesus Christ.”