Pontifical Mission Societies



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MONTHLY GIVING PLAN

FORM A - BANK

TO HELP MISSIONS, PLEASE USE MY GIFT FOR:			
\$ The Society for the Propagation of the Faith (funds the Missionary Church)			
\$ Society of St. Peter the Apostle (educates priests, brothers and sisters)			
\$ Holy childhood Association (helps needy children)			
Yes, I authorize the Society for the Propagation of the Faith for Canada, English Sector to debit my bank account on the 15th day of every month. I have enclosed a cheque marked VOID. (Tax receipts are issued annually in January)			
Amount \$		Starting on (yyyy/mm)	
REQUESTOR INFORMATION (please print)			
rst Name:		Last Name:	
Address:			Apt. No.:
City:	Province		Postal Code:
Telephone:	Email:		