



## Pre Authorized Debit FORM – Donation direction

Saint Thomas Anglican Church (Huron) Toronto

Name: \_\_\_\_\_ Envelope # \_\_\_\_\_

Choose Impact Area and Amount.

IMPACT AREA	MONTHLY DONATION (\$)
Operating Fund (Identifiable Givings)	
Our Heritage is Our Future	
Friday Food Ministry	
HF: Choir Music	
HF: Refugee Sponsorship	
HF: Window Preservation Fund	
(Other: Please specify)	
<b>TOTAL</b>	

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Church contact: Kevin Blgrave Email: [envelopesecretary@stthomas.on.ca](mailto:envelopesecretary@stthomas.on.ca)

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