



Trinity Grace
UNITED CHURCH

PAR Registration

I / We, _____ would like to begin donating to
Trinity Grace United Church using the Pre-authorized Remittance Program

Address: _____

City: _____ Postal Code: _____

Telephone: _____ Email: _____

I / We would like my / our donation of \$ _____ per month to be
designated as follows:

Local: _____ Mission and Service: _____ Other: _____

Signature

Please print your name

Current Envelope Number (if applicable): _____

Date: _____