

**Corpus Christi Parish**  
**Pre-Authorized Giving (PAG) Plan Pledge Form**  
**16 Lockwood Road, Toronto ON M4L 3M8**  
**Phone: (416) 694-0382 Fax: (416) 694-0320**

This form can be used to assist you in calculating your sacrificial giving.  
 You determine which sections you wish to complete.

**1. Complete this section for Funds you wish to support EVERY month:**

**Offertory:** Choose one of the following 3 options for your Monthly Donation Amount.

<b>1) Calculated Monthly Offertory Donation:</b>	\$ _____ = Weekly Donation Amount		<b>Example</b>
(Based on Weekly Donation Amount)	_____ X 52 Sundays per year		\$ 10.00
	_____ / divided by 12 months		X 52
	===== = <b>Calculated Monthly Donation Amount</b>		/ 12
			<u>\$ 41.67</u>

OR

<b>2) Set Monthly Offertory Donation:</b>	\$ _____ = <b>Set Monthly Donation Amount</b>		\$25.00
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OR

**3) Combined Monthly Offertory and other Fund's Donation:**  
 The breakdown is required if you wish to make monthly donations to other Funds.

FUND NAME	Donation Amount
Offertory each month	\$ _____
Maintenance each month	\$ _____
ShareLife each month	\$ _____
Shepherds' Trust each month	\$ _____
<b>Monthly Offertory Donation Amount</b>	<u>\$ _____</u>

**2. Complete this section for Special Collection donations to be made:**

SPECIAL COLLECTION NAME	Donation Amount
New Year's Day Offering - <i>Feast of Mary</i> (January)	\$ _____
Needs of the Holy Land - <i>Good Friday</i> (March/April)	\$ _____
Easter Offering (March/April)	\$ _____
ShareLife (May) One time donation	\$ _____
ShareLife - amount (x 3 for each ShareLife Collection)	\$ _____
Pope's Pastoral Works - <i>Papal Charities</i> (May)	\$ _____
Marygrove Camp (June)	\$ _____
Catholic Missions in Canada (August)	\$ _____
Needs of the Canadian Church (September)	\$ _____
World Missions (October)	\$ _____
Shepherds' Trust (November)	\$ _____
Christmas Day Offering (December)	\$ _____
<b>Special Collections Donation Amount</b>	<u>\$ _____</u>

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**3. Pre-Authorized Giving Authorization:**

I hereby authorize the Pastor of Corpus Christi Parish to debit my account on the **20th day** of each month for my PAG donation in accordance with my completed Pledge Form. I acknowledge that my pledge amounts and fund choices will continue each year as marked on this form, unless I submit an updated Pledge Form or cancel my Pre-Authorized Giving.

**Name of Donor(s):**

**Signature(s):**

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**Address:**

**Postal Code:**

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**Date:**

**Email:**

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**Please remember that a VOID cheque or direct deposit authorization form from your bank must be submitted with this Pledge Form in order for us to process your PAG donations.**

**You can submit the PAG paperwork in a sealed envelope marked "PAG" in the offertory collection basket during Mass or you can drop off the sealed envelope at the parish office.**