



St. Timothy Catholic Church
21 Leith Hill Road, North York, Ontario M2J 1Y9 Telephone: 416-494-6526 www.sttim.ca

PRE-AUTHORIZED GIVING PLAN

What is a “Pre-Authorized Giving” Plan?

The Archdiocese of Toronto has established a **Pre-Authorized Giving Plan** for our parish to assist us, as we continuously support the mission and activities of our parish church through our regular weekly Sunday mass offerings and building maintenance fund.

Pre-Authorized Giving (PAG) is a simple procedure. When we participate in the plan, our weekly Sunday mass offerings will be electronically withdrawn from our bank account on or about the 20th of each month. This amount will then be directly deposited to St. Timothy’s bank account that supports and funds our home parish’s operating expenditures and various activities. The total amount of our donations will be receipted at the end of the year for our usual tax credits and benefits.

Why should I/We participate and what are the advantages of the plan to us?

- Allows the parish to plan better through regular and dependable flow of contributions
- Reduction of paperwork and booking
- For some parishioners, it is convenient, efficient and helps plan their annual budget

How to participate in the plan?

1. Decide on the amount of your monthly contribution to St. Timothy’s weekly Sunday mass offertory and/or building maintenance fund. Please see sample calculation and guide at the back of this page.
2. Fill out and sign the authorization form.
3. Insert the “signed form” and a clearly marked “void” cheque from your bank into an envelope.
4. You may drop off the sealed envelope to the parish office (mail slot) or mail the envelope to us.

Who looks after the plan administration?

The Archdiocese of Toronto administers **Pre-Authorized Giving Plan** for all the parishes in Toronto.

CANCELLATION OF PAG

You may stop PAG **at any time** by simply writing a letter with **30 days notice** to **St. Timothy's Parish**. If you would prefer to use a standardized cancellation form instead of writing a letter and your parish does not have one on hand (or for more information on your right to cancel your PAG agreement) please contact your financial institution or visit www.cdnpay.ca

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAG Agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit www.cdnpay.ca.

PRE-AUTHORIZED GIVING PLAN GUIDE

[Sample Chart - Annual Donation and Tax Credit]

Weekly	Monthly PAG	**Annual Donation	**Annual Tax Credit
\$10	\$43.33	\$520	\$171.51
\$15	\$65.00	\$780	\$275.93
\$20	\$86.67	\$1,040	\$380.34
\$25	\$108.33	\$1,300	\$484.76
\$30	\$130.00	\$1,560	\$589.18
\$35	\$151.67	\$1,820	\$693.59
\$40	\$173.33	\$2,080	\$798.01
\$45	\$195.00	\$2,340	\$902.42
\$50	\$216.67	\$2,600	\$1,006.84
\$75	\$325.00	\$3,900	\$1,528.92
\$100	\$433.33	\$5,200	\$2,051.00

* Annual donation is based on 52 weeks per calendar year.

** Tax credit based on "2009 Canada Revenue Agency" combined Federal and Provincial enacted tax rates.

CONFIDENTIALITY STATEMENT

St. Timothy's Parish is truly committed to keeping your personal information safe, secure and to remain confidential at all times. Rest assured, the Finance Council has reviewed our processes and security measures to guarantee the protection of the confidential information you have generously and unselfishly entrusted to us in support of our home parish.

IN APPRECIATION

Many parishioners have found the Pre- Authorized Giving program a wonderful way to plan their contributions to the Church and her mission. Thank you for your generous support toward the life and mission of our parish. May the Lord shower you and your family with all His blessings.

Yours in Christ,
Fr. Galen Bank, CC



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AUTHORIZATION FORM

Pre-Authorized Giving

I /We, hereby authorize the Pastor of St. Timothy to debit my/our account each month, starting from the 20th day of _____, 20____ as my/our charitable donation as described below:

\$ _____ Sunday Mass Offertory

\$ _____ Building Fund

\$ _____ ShareLife

\$ _____ Total Monthly Debit

Name(s) of Contributor(s): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____

Current Envelope Number: _____

SIGNATURE of CONTRIBUTOR(S)

DATE: _____

Please do not forget to attach your void cheque.