St. Andrew's United Church

399 Cassells St, North Bay, ON

Church ID#: 12050420

PAR CHANGES AUTHORIZATION FORM

Please circle the appropriate request/s

Please make the fo	ollowing ch	ange to:		
General Fund			-	
Increase/Decrease	\$	_ per month	Monthly General Total	\$
Mission & Service	Fund			
Increase/Decrease	\$	_ per month	Monthly M&S Total	\$
Other (Loaves & I	Fishes)			
Increase/Decrease	\$	_ per month	Monthly M&S Total	\$
		Т	Cotal Monthly Givings	\$
Please Print Clear	·ly			
Name	——————————————————————————————————————			
Address				
Phone:	hone: Email (optional):		al):	
Signature:				Date:
		For offic	e use only	
Donor's Ref. #				-
-			· .	Date:
Signature of office ad	dministrator	or authorized	l personnel	

"Thank you for helping the life and work of St. Andrew's United Church!"