



2025 Pledge Form

Tel: 604-936-5423 | Email: office@saintlaurence.ca

Please COMPLETE this form and RETURN by Sunday, February 9, 2025

Yes, I/We would like to support the ministries of St. Laurence.

Name(s): _____

Mailing Address: _____

Phone Number: _____

Email: _____

I would like to receive the St. Laurence Newsletter

My/Our pledge will be:

Donation to St. Laurence \$ _____
Donation to PWRDF \$ _____
Donation to SHARE \$ _____
Donation to Capital Account \$ _____

How often will you be giving:

(choose one)

- Weekly
- Monthly
- Quarterly
- Annually

My Total Gift Amount \$ _____

Method of giving (choose one):

- Offertory Envelopes
- e-Transfer
(to: office@saintlaurence.ca)
- Monthly Debit
(complete form below)
- Monthly Credit Card
(complete form below)

St. Laurence Coquitlam Pre-authorized Monthly Donation

Amount per month: \$ _____

*Signature: _____ *Signature: _____

*I/We hereby request and authorize the Anglican Diocese of New Westminster to withdraw the above amount from my/our account each month. *If only 1 signature is required for the Account, then only one signature is needed. If 2 or more signatures are required, then both or all Payors must sign*

Automatic Monthly Bank Debit (PAD):

~ Please attach VOID cheque ~

~OR~

Automatic Monthly Credit Card:

Visa

Mastercard

Card # _____

Exp: _____

I/we are interested in finding out more about:

- Parish Council
- Maintenance/Upkeep
- Office Administration Tasks
- Event Planning
- Gardening
- Sunday Morning Ministries
 - Reading
 - Prayers of the People
 - Greeting
 - Coffee Time
 - Being a Communion Assistant
 - Music
 - Children's Ministry
 - Altar Guild
- Other _____

- I would like a call from Rev. Philip

Please return this form during the services on Sunday, February 9, 2025 or at the office or by email to envelopesecretary@saintlaurence.ca.

St. Laurence Anglican Church, Coquitlam

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Coquitlam, BC V3J 6G7
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