



Gift/Pledge Form

NAME(S): (PLEASE PRINT)

ADDRESS: (HOME)

PHONE: _____

CITY: _____

EMAIL: _____

PROVINCE: _____ POSTAL CODE: _____

YOUR PARISH: (WHERE APPLICABLE)

PLACE OF WORK: (OPTIONAL)

CITY OF PARISH: _____

Does your employer offer a matching gift program?

Yes

No

Please designate my/our gift(s):

Diocesan Initiatives

- Where the Need is Greatest \$_____
- Our Camp Life:
 - \$_____ Capital
 - \$_____ Operating
 - \$_____ Bursary
- Bishop's Discretionary Fund
(Bishop's Friends) \$_____
- Bishop Robert Bennett
Curacy Endowment Fund \$_____

Gift to my Parish

The Parish of: _____

City/town: _____

Designated to: _____

(i.e. greatest need, youth, outreach)

My/Our Payment Schedule

A single payment gift of: \$_____

A total pledged commitment of \$_____ in payments of:

\$_____ annually for:

1 yr. 2 yrs. 3 yrs. 4 yrs. 5 yrs.

OR

\$_____ monthly for:

12 mo. 24 mo. 36 mo. 48 mo. 60 mo.

Beginning Date for the Pledge Payments: _____ / _____ / _____ (Month/Day/Year)

I/We would like to be contacted to discuss this further.
We encourage you to set up a [pre authorized payment](#)

↔ *Form continued on back.*

My/Our Payment Method

Cheque enclosed.
Please make cheque payable to the **Diocese of Huron***

Direct Debit from my/our bank account:
 10th of the month 25th of the month
Please attach a void cheque.

Credit Card: Visa Master Card
Credit Card number:

Expiry date: _____ / _____

Signature: _____

Processed on the:
 15th of the month

Planned Giving

- I/We intend to make a planned gift to the Diocese of Huron and/or a Parish in the Diocese.
- I/we have finalized the paperwork and a copy is attached for your files.
- Please send us additional information to share with our lawyer, insurance representative and/or other.
- I/we would like you to call us so that we can discuss the opportunities for making a planned gift.

Special Gifts

- I/we wish to make a gift of securities.
Please contact me/us.

Designation and Recognition *(indicate as many as are appropriate)*

My/our name to appear on donor listings:
Name: _____ In Memory of: _____

I/we wish our gift to remain anonymous
(This means that your name will not be posted on Diocesan, Parish, Huron Church Camp or National Church donor recognition lists. Please note, however, that your name and the amount of your gift will be shared with the Parish you are donating to and/or to Huron Church Camp if your donation is directed there.)

Donor Signature(s): _____ Date: _____ / _____ / _____

The Diocese of Huron takes measures to protect your privacy and to keep your records confidential.

To view the complete Diocese of Huron Privacy Policy please [click here](#).

Contact Information

Once you have completed this form, you can deliver or mail it to:



Mailing Address:
Heather Moller
Development & Stewardship Associate
The Diocese of Huron
190 Queens Avenue London, ON N6A 6H7

Other contact information should you have additional questions:

| | |
|---------------------------|---------------------------|
| Phone | 519-434-6893, ext. 228 |
| Email | hmoller@huron.anglican.ca |
| Charitable Registration # | 118967728 RR 0001 |