

## Monthly Contributions by Automatic Pre-Authorized Withdrawals تبرعات شهريه عن طريق السحب من البنك

I hereby authorize St. 1	Mary Coptic Ortho	dox Churc	ch to arrange for an automatic monthly
withdrawal of the amor	unt \$	from my	y chequing account (on the 15 <sup>th</sup> day or
every month) starting in the month of of the year			of the year
I understand that I	may cancel this au	thorization	n at any time with a written notice.
Signature:	nature: Date:		
Important: Ple	ase enclose a chequ	ue marked	l "VOID" with this agreement.
Name:			_
Address:			
City:	Province/State:		Postal/Zip Code:
Home Tel: ()		Wor	rk Tel: (
Email Address:			