St. Hoysius Parish

41 John Street Fenelon Falls, Ontario

Our Lady Queen of Peace Parish

18 Need Street Bobcaygeon, Ontario

Pastor: Fr. Luis Lapinid frluislapinid@peterboroughdiocese.org 705-887-4149

HOW TO DONATE TO ST. ALOYSIUS or OUR LADY QUEEN OF PEACE

Offertory Envelopes

Use the designated Offertory Envelopes weekly to donate to your parish. Charitable Tax Receipts are issued annually in January from our parish office. Please ensure to keep your address and contact information current by emailing or calling the office with any changes. If you require Offertory Envelopes or help with your donor number, please contact the office.

Send A Cheque Via Mail

You can mail cheques for donations to either church to the address below. Amounts are added to your Donation Profile and Charitable Tax Receipts are issued in January.

> St. Aloysius/Our Lady Queen of Peace P.O. Box 340 Fenelon Falls, ON K0M 1N0

Pre-Authorization Payments

Complete the attached forms and return the signed form and void cheque to the parish office. Payments can be processed on the 15th and/or 30th of the month. All funds are deposited directly to the parish bank account. Charitable Tax Receipts are issued annually in January from our parish office.

Canada Helps

Click the appropriate link below and you will be directed to a secure site through Canada Helps donation platform to process your transaction using a credit card. Donation receipts are emailed directly to you once the donation is processed.

Click this link to donate to Our Lady Queen of Peace: https://www.canadahelps.org/en/dn/48026

Click this link to donate to St. Aloysius:

https://www.canadahelps.org/en/dn/48211

E-transfers

You can send funds directly to each parish via E-transfer using the email addresses below. No security question required. Donation amounts will be added to your charitable donation receipt for 2022:

To send an e-transfer to Our Lady Queen of Peace: office@ladyqueenofpeacebobcaygeon.ca To send an e-transfer to St. Aloysius: office@staloysiusfenelonfalls.ca

OUR LADY QUEEN OF PEACE PARISH

Address: 18 Need Street, Bobcaygeon ON KOM 1A0 Mailing Address: PO Box 340, Fenelon Falls ON KOM 1N0

PRE-AUTHORIZED OFFERING PLAN (POP)

Questions? Call the parish office at 705-887-4149 or email: office@ladyqueenfpeacebobcaygeon.ca

I want to support **Our Lady Queen of Peace Parish in Bobcaygeon, ON,** through pre-authorized payments. (*Please print*)

I/we _______ hereby authorize Our Lady Queen of Peace to withdraw the amounts specified below beginning (*insert date*) _______ from my/our account and deposit said funds to the general account of Our Lady Queen of Peace Parish, ON, in lieu of Sunday Offertory Envelopes, **a void cheque must be attached below**.

Offertory can be withdrawn from your account once or twice per month according to your instructions here:

- Please debit my account on the 15th monthly for Offertory \$ _____
- Please debit my account on the 30th monthly for Offertory \$ _____

Optional – donations for Special Collections will be withdrawn from your account on the 15th of the month, specified below:

| Please debit my account on the 15th of the specific month for the following Special Collections: | | | | |
|---|----|-------------------------------------|----|--|
| Other Lenten charities (Mar) | \$ | Diocesan Special Collection (July) | \$ | |
| Share Lent (March) | \$ | | | |
| Good Friday (April) | \$ | Vocations & Campus Ministry (Aug) | \$ | |
| Easter (April) | \$ | Needs of the Canadian Church (Sept) | \$ | |
| Papal charities (May) | \$ | World Missions (Oct) | \$ | |
| Priests' Benefit Fund (June) | \$ | Christmas (Dec) | \$ | |

I/ we understand changes and/or cancellation must be made in writing.

| (Account Holder Signature) | (Date) | (Joint account co-signature) |
|----------------------------|----------------------|----------------------------------|
| (Parish Priest Signature) | (Date) | |
| | Your information | on |
| Name | | Office use only Parishioner # |
| Phone | | |
| Email | | |
| Address | | |
| Address | town | postal code |
| | PLEASE ATTACH A VOID | CHEQUE HERE |

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this POP Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit <u>www.cdnpay.ca</u>. I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on my right to cancel a POP Agreement, I may contact my financial institution or visit <u>www.cdnpay.ca</u>.

ST. ALOYSIUS PARISH

41 John Street, PO Box 340, Fenelon Falls ON KOM 1N0

PRE-AUTHORIZED OFFERING PLAN (POP)

Questions? Call the parish office at 705-887-4149 or email: office@staloysiusfenelonfalls.ca

I want to support St. Aloysius in Fenelon Falls, ON, through pre-authorized payments. (Please print)

I/we ______ hereby authorize St. Aloysius Parish to withdraw the amounts specified below beginning (*insert date*) ______ from my/our account and deposit said funds to the general account of St. Aloysius, ON, in lieu of Sunday Offertory Envelopes, **a void cheque must be attached below**.

Offertory can be withdrawn from your account once or twice per month according to your instructions here:

- Please debit my account on the 15th monthly for Offertory \$ _____
- Please debit my account on the 30th monthly for Offertory \$ _____

Optional – donations for Special Collections will be withdrawn from your account on the 15th *of the month, specified below:*

| Please debit my account on the 15th of the specific month for the following Special Collections: | | | | |
|---|----|-------------------------------------|----|--|
| Other Lenten charities (Mar) | \$ | Diocesan Special Collection (July) | \$ | |
| Share Lent (March) | \$ | | | |
| Good Friday (April) | \$ | Vocations & Campus Ministry (Aug) | \$ | |
| Easter (April) | \$ | Needs of the Canadian Church (Sept) | \$ | |
| Papal charities (May) | \$ | World Missions (Oct) | \$ | |
| Priests' Benefit Fund (June) | \$ | Christmas (Dec) | \$ | |

I/ we understand changes and/or cancellation must be made in writing.

| (Account Holder Signature) | (Date) | (Joint account co-signature) |
|----------------------------|----------------------|----------------------------------|
| (Parish Priest Signature) | (Date) | |
| | Your informat | ion |
| Name Phone Email | | Office use only Parishioner # |
| Address | | postal code |
| | PLEASE ATTACH A VOII | |

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this POP Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit <u>www.cdnpay.ca</u>. I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on my right to cancel a POP Agreement, I may contact my financial institution or visit <u>www.cdnpay.ca</u>.