



### Contact Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parish (Location & Name): \_\_\_\_\_

<input type="checkbox"/> Annual Eparchial Appeal	<input type="checkbox"/> General Donation to the Foundation
<input type="checkbox"/> Parish Offertory Program (Parish Name/Location): _____	
<input type="checkbox"/> Other (Please Specify): _____	

### Pledge Statement

I /We pledge a total gift of  \$100     \$250     \$500     \$1,000     Other \$ \_\_\_\_\_

Please make payment through one of the following options:

Cheque: Please make payable to [Ukrainian Catholic Foundation of Saskatchewan](#)

Pre-Authorized Debit:

I authorize the [Ukrainian Catholic Foundation of Saskatchewan](#) to deduct \$ \_\_\_\_\_ from my bank account for \_\_\_\_\_ months, beginning in the month of \_\_\_\_\_ .

Please complete the information below or enclose a VOID personalized cheque.

Institution	Branch ID	Account Number
_____	_____	_____

Signature: \_\_\_\_\_

**Note:** Pre-Authorized Debit and Credit Card Transactions will be processed through the account on the 1<sup>st</sup> day of the month only."

Credit Card                       Visa                       Mastercard

I authorize the [Ukrainian Catholic Foundation of Saskatchewan](#) to charge \$ \_\_\_\_\_ to my credit card account for \_\_\_\_\_ months, beginning in the month of \_\_\_\_\_ .

Credit Card #	Expiry Date	CVC #:
_____	_____	_____

Signature: \_\_\_\_\_

**Note:** Pre-Authorized Debit and Credit Card Transactions will be processed through the account on the 1<sup>st</sup> day of the month only."

**Please submit your completed form:**

- Download & Print your completed form and drop off or mail it to:  
[Ukrainian Catholic Foundation of Saskatchewan](#)  
**214 Ave. M South, Saskatoon, SK S7M 2K4**
- Drop off at your HOME parish