

PAR AUTHORIZATION FORM

I hereby request and authorize Providence Church, Beamsville, Ontario

To withdraw on the **20th of each month** (or the next available business day) on my account, starting _____ in the amount of \$_____ as a contribution by me to the Ministries of Providence Church.

Contributor's Name_____

Bank A/C #_____Type of Account_____

Giving to Providence Church is a local, regional, and global Kingdom investment. Locally, your gift helps make all of our worship, fellowship, discipleship and mission ministries at Providence possible as well as supporting our Core Causes. Regionally, you are helping provide a chaplain for the elderly at Shalom Manor, a chaplain for students and staff at Brock University, and the beginning of a new Church Plant in Niagara Falls. To learn more about these regional ministries, go to www.classisniagara.ca. Globally, you are helping send the gospel to the ends of the earth through Back to God Ministries International, Christian Reformed Home Missions, and Christian Reformed World Missions; and you are helping equip young people at Redeemer University College, Calvin College and Calvin Theological Seminary for Kingdom service. To learn more about these denominational ministries, go to www.crcna.org.

Name and Address of Bank, Trust Co., Credit Union:

TO ENSURE ACCURACY, PLEASE ATTACH A SAMPLE CHEQUE, MARKED **"VOID"**.

Date

Signature of Contributor

Return completed form with "VOID" sample cheque to the church office