

## **Friends of Smithfield Carman United Church**

### **In Times Like These .....**

There is no doubt in times of the closure of churches due to the COvid-19 Virus and the need for “social distancing”, there is concern regarding the financial status of our church. While it is important to realize the need to stop public worship and other church gatherings, there is also the need to acknowledge our financial needs. On-going financial support for your church helps us to continue our ministry – especially in a “state of emergency”

The following are a few suggestions.

1. Every Sunday, as an act of worship, fill your offering envelope with your usual contribution.
2. Mail offerings to Karen Bates, 23 Jane’s Court Colborne, Ontario K0K 1S0, or give to a member of the church if this is more convenient.
3. Sign up for PAR– I will attach the Par form. Print it, complete and mail to Karen.

#### **A Prayer During Times of COVID-19**

***In this time of COVID-19, we pray:  
When we aren't sure, God,  
help us be calm;  
when information comes  
from all sides, correct and not,  
help us to discern;  
when fear makes it hard to breathe,  
and anxiety seems to be the order of the day,  
slow us down, God;  
help us to reach out with our hearts,  
when we can't touch with our hands;  
help us to be socially connected,  
when we have to be socially distant;  
help us to love as perfectly as we can,  
knowing that "perfect love casts out all fear."***



# PAR AUTHORIZATION FORM

- For registration of new PAR donors  
 or  
 For banking changes for existing donors

## FOR USE BY PAR ADMINISTRATOR

PAR congregational number: \_\_\_\_\_  
 Church PAR administrator: \_\_\_\_\_  
 Phone number: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Donor name: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

E-mail \_\_\_\_\_ Envelope# \_\_\_\_\_ Gift amount \$ \_\_\_\_\_

Name of local church: \_\_\_\_\_

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

This gift to the above church is to benefit

Local church: \$ \_\_\_\_\_ Mission & Service: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

### Option 1: Pre-authorized debit

Please attach a **VOID** cheque.

I/We request/authorize The United Church of Canada to debit my/our account on the 20th of every month, starting the 20th \_\_\_\_\_ of, 20\_\_\_\_. I/we also recognize and agree to the following:

- I/we may change the amount of my contribution at any time by contacting our church PAR contact.
- I/we 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 PAR agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).
- I/we waive my right to receive pre-notification of the amount of pre-authorized remittance (PAR) and agree that I do not require advance notice of the amount of PAR before the debit is processed.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

### Option 2: Visa/MasterCard/American Express

Please note that a 2-3% service charge reduces the total of your donation to your congregation.

Card number: \_\_\_\_\_ Expiry: \_\_\_\_\_  
MM YY

Name on card: \_\_\_\_\_

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

**Thank you for your generosity.**

The use, retention, and disclosure of personal information collected from this form is done in compliance with privacy legislation and adheres to the principles of the *Personal Information Protection and Electronic Documents Act (S.C. 2000, c.5)*.