



Church of St. Padre Pio Stained Glass Window Pledge Form



Purchaser's Name: _____

Address: _____

_____ Postal Code: _____

Phone: _____ Email: _____

I/We wish to purchase the window

Described as _____

The total cost is \$ _____

I am attaching a cheque in the amount of \$ _____ for _____ portion(s) of the window and I agree to pay the balance within 5 years of the date of purchase.

_____ Paid in Full

_____ Post dated cheques – please make cheques payable to St. Padre Pio Parish and enclose with this form.

_____ Pre-Authorized payments. Please enclose a void cheque.
I hereby authorize the Parish of St. Padre Pio to debit my account on the 20th of each month until the above mentioned purchase is paid in full.

Signature

Signature

Inscription: _____

Thank you for your support

For Parish Use only:

Date of Purchase & Deposit

Date Balance Received