

"Whether or not I am there, St Stephen's has on-going commitments every week that need my support. St Stephen's College is important to me, and so is my financial commitment to its work. That is why I use the PAR (Pre-Authorized Remittance) system to fulfill my commitment."

YOUR DONATION CAN GO FURTHER THAN YOU THINK...

- Your monthly donation of \$10.00 can provide teaching supplies for a year for the Art Therapy specialization of our Master of Psychotherapy and Spirituality Degree program
- Your monthly donation of \$25.00 can provide annual internet access at the College for students and instructors
- Your monthly donation of \$50.00 can provide for the annual purchase of current periodicals and books for the Library
- Your monthly donation of \$100.00 can provide for the annual production of the Academic Calendar that informs current and prospective students about the community and offerings at St Stephen's

How to get involved:

Fill out the authorization form on the reverse of this brochure and attach a void cheque (or you can use a credit card) and send it to the Assistant Registrar either by mail or in-person. It is that easy....

OUR MISSION

To be an interfaith community that offers sacred spaces for learning and transformation.

OUR VALUES

- High standards and commitment to scholarship and academic excellence, with academic freedom to explore theology and spirituality;
- Academic programs and policies that are grounded in adult learning principles and are learner-centered;
- Accessibility to theological education through a multi-faceted program that creates communities of learners;
- Integration of theory and practice.

For further details, and for information on how you can support our work, we invite you to visit our website or contact us at:

ST STEPHEN'S COLLEGE

University of Alberta Campus

8810 112 Street NW

Edmonton, AB T6G 2J6

(T) 780.439.7311

(F) 780.433.8875

(E) st.stephens@ualberta.ca

www.ualberta.ca/ST.STEPHENS/



St Stephen's College **Explore • Create • Transform**

Pre-Authorized Remittance (PAR)



"I give by Pre-Authorized Remittance because St Stephen's College is one of my priorities."

A welcoming community that offers sacred spaces for learning and transformation



PAR AUTHORIZATION FORM

(For new PAR donors and to make changes to banking details)

St. Stephen's College
PAR Number: 10041369

I/We, _____ request and authorize The United Church of Canada to debit my/our account on the 20th of every month in the amount of \$ _____, starting on the 20th of _____ (enter month). This contribution is made on behalf of:

St. Stephen's College

Address: 8810 112 Street

City: Edmonton Province: AB Postal Code: T6G 2J6

This contribution by me/us to the above institution is to benefit:

General Funds _____ Other _____

This donation/payment is made by (check one): _____ Individual(s) _____ Business

Please attach a VOID cheque.

Signed: _____ Date: _____

- I may change the amount of my contribution at any time subject to providing notice of 15 days.
- I may revoke my authorization at any time, subject to providing notice of 15 days at which time I will submit a cancellation form obtained from the Church PAR Contact or by contacting my financial institution or visiting www.cdnpay.ca.
- 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 PAR agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.
- **I waive my right to receive pre-notification of the amount of the Pre-Authorized Remittance (PAR) and agree that I do not require advance notice of the amount of PAR before the debit is processed.**

Name of College PAR Contact: Kelly Parson Phone No.: 780-439-7311 ext. 30

Due to high service charges (2.5% for Visa and MasterCard), we generally do not encourage people to use credit cards for PAR donations. However, if donors wish, this service is still available.

Debit My Credit Card Number _____ EXP _____
CARD NUMBER MM YY

Name on Card: _____ Authorized Signature: _____

We agree to be bound by, comply with, respect and apply all relevant provisions of the Canadian Payments Act and all related by-laws, rules and standards in force from time to time as they apply to PARs including, without limitation, the Confirmation/Pre-notification requirements or waiver of Pre-notification requirements and cancellation requirements as set out in Rule H1.

The use, retention and disclosure of personal information collected from this form is done in compliance with privacy legislation, including but not limited to, the Personal Information Protection and Electronic Documents Act (2000, c.5).