

I wish to support St. Philopater Mercurius' Coptic Orthodox Church by investing in The Two Pennies Savings Account (Monthly Savings Bond)

Name of Bondholder; _____ SIN: _____
 Issuing Date: _____ Bond Maturity Date: _____
 Address: _____
 City: _____ State/Province: _____ Postal/Zip Code: _____
 Email: _____ Telephone #: (____) _____

Please attach a VOID cheque to this completed form or complete the Credit Card information below

Type of Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Card #: _____ Expiry Date: _____ CVC (rear 3 digits) _____

This is to certify that St. Philopater Mercurius' Coptic Orthodox Church of Guelph, Ontario will receive from _____ a monthly deposit of \$ _____ as a bond and bears the interest rate to be compounded monthly.

The debit will be processed from your account on the 15th day of each month or the next business day thereafter.

The interest rate is based on a minimum monthly deposit of \$30.00 with compound interest calculated monthly. A T5 will be issued in the name of the Bondholder for all amounts greater than \$50.00 per year, reflecting the interest earned upon the 36 month maturity date. If bond is cashed before maturity, interest will be recalculated based on a lower interest rate reflecting the adjusted term.

Bondholder _____ Church Treasurer _____

I wish to support St. Philopater Mercurius' Coptic Orthodox Church by providing funds from my Personal Line of Credit (PLC)

Financial Institution: _____ Account #: _____

Name of Lender: _____

Address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Email: _____ Telephone #: (____) _____

This is to certify that I have opened the above Personal Line of Credit with available funds of \$ _____. I hereby commit to providing St. Philopater Mercurius' Coptic Orthodox Church with access to these funds as needed by the Church, in the form of a loan. I understand that the Church undertakes to return the loan amount in full upon my request and that the Church accepts responsibility for all monthly interest payments and any associated fees.

Please ensure that the mailing address associated with the PLC account and registered with your financial institution is that of St. Philopater Mercurius' Coptic Orthodox Church in order for the Church to receive the monthly statement and make interest payments accordingly. The Church requests that the lender acquire a secured PLC in order to minimize the monthly interest payments. There are no tax implications associated with this arrangement.

Lender _____ Church Treasurer _____

I wish to support St. Philopater Coptic Orthodox Church Through Monthly Pre-Authorized Withdrawals Taken Directly From My Account.

Please debit my bank account each month of the following amount: _____ \$25 _____ \$50 _____ \$75 _____ \$100 Or Specify Another Amount \$ _____ <u>Please attach a VOID cheque to this completed Form</u>

The debit will be processed from your account on the 15th day of each month or the next business day thereafter.

Name of Donor: _____ Donor Signature: _____

Date: _____ Address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Email: _____ Telephone #: (____) _____

This donation is made on behalf of: _____ an Individual _____ a Business

Tax receipt to be issued to: _____

Donor may revoke his/her authorization at any time, subject to 30 days notice. To obtain a sample cancellation form, or for more information on your right to cancel a pre-authorized debit agreement, please contact your financial institution or visit www.cdnpay.ca. Donor retains certain recourse rights if any debit does not comply with this agreement. Donor holds the right to receive reimbursement for any debit that is not authorized or is not consistent with this agreement. To obtain more information on your recourse rights, please contact your financial institution or visit www.cdnpay.ca.