



## PRE-AUTHORIZED REMITTANCE (PAR)

Please complete this form and send with your personal blank cheque marked "void" to:

**MNO Synod**  
**201-3657 Roblin Boulevard**  
**Winnipeg MB R3R 0E2**

I (we) authorize the MNO Synod to process a debit from my (our) account in the amount of \$\_\_\_\_\_ to support the work of the MNO Synod **MISSION AS HOPE** Appeal. This amount will be deducted on the 20<sup>th</sup> day of each month beginning \_\_\_\_\_ (indicate month).

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City Prov

Postal Code \_\_\_\_\_

Home Congregation: \_\_\_\_\_

**Signature(s):** \_\_\_\_\_

An official receipt for income tax purposes will be issued at year end.  
The amount debited may be increased, decreased or stopped at a future date by informing the MNO Synod in writing