



RIVER CITY CHURCH

Church has changed since you were a kid!

ONLINE PRE-AUTHORIZED GIVING FORM

Name: _____
(as it appears on tax receipts)

Date: _____

I wish to partner with **River City Church** in the mission to reach people who don't know Jesus Christ in order to bring them into closer relationship with God.

PAG occurs on the 15th and 30th of the month. Please choose one or both of these dates and the amount you wish to contribute on each date.

I authorize **River City Church** to receive \$ _____ from my account # _____ at the (Name of Bank) _____.

15th of the Month

30th of the Month

Signature: _____

Thank you so much for your commitment to this mission!

To complete the PAG authorization, please provide a VOID cheque to **River City Church**. You may drop the VOID cheque at the Host Centre on Sunday morning.

Pam Noël

Finance Director

River City Church

www.rivercitychurch.org

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RIVER CITY CHURCH

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