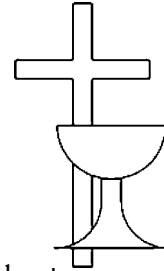


SWEDISH LUTHERAN CHURCH IN TORONTO



Pre-Authorised Remittance Program Authorisation

I hereby authorise the Swedish Lutheran Church in Toronto to cause a cheque to be drawn on my account, each month, as a contribution by me to the Swedish Lutheran Church in Toronto, as follows:

Total *monthly* contribution to the Swedish Lutheran Church in Toronto of \$ _____

Contributor's name _____

Bank/Trust Company name _____

Bank/Trust Company address _____

Account number _____ Type of account _____

Date _____ Signature _____

This authority may be changed or cancelled by the contributor at any time.

1. To ensure accuracy, a sample cheque marked with "VOID" must accompany this form.
2. The transfer of contributions to the ministry of the Swedish Lutheran Church in Toronto will begin in the month following receipt of this authorisation.
3. Send your application to *The Swedish Lutheran Church in Toronto, 25 Old York Mills Road, Toronto, ON, M2P 1B5.*

Please affix your voided cheque here