

FIRST CHURCH OF CHRIST, SCIENTIST,
in Ottawa



280 Gilmour Street,
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Preauthorized Remittance Authorization Form

Donation amount: \$ _____

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I/We request/authorize The First Church of Christ Scientist, Ottawa to debit my/our account on the _____ of every month, starting the _____ day of _____ (month) of the year _____.

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Signed: _____ Dated: _____