

PAR CHANGES/INFORMATION SHEET

Congregation: _____

Congregation Number: _____

Date: _____

Changes effective as of: _____

ADDITIONS:

ENV. #	NAME	CURRENT	BENEV.	OTHER	TOTAL

CHANGES:

NEW AMOUNTS:

ENV. #	NAME	REF. #	CURRENT	BENEV.	OTHER	TOTAL

DELETIONS:

ENV. #	NAME	REF. #	CURRENT	BENEV.	OTHER	TOTAL

OTHER:

Congregational Contact Signature & Phone Number: _____

**Send to the PAR Program Administrator, 3250 Bloor Street West, Suite 200, Toronto, ON M8X 2Y4,
Phone: 416-231-7680 ext 3152; fax: 416-231-3103.**

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