Church ID	
Church Name	
Contact Name	email
Year	
Month	

PAR Input Form

Submit by the 10th of month to:

Fax: 1-905-336-8344

par@crcna.org

	Start Date	ID#	LastName	FirstName	Bank	Transit	Account	Amount
	Church							
1								-
	Participants							
ie.	November 2015	100	VanDoe	John	004	01234	01234567	100.00
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
…								

** Highlight any additions or changes from previous month **

Additional Comments: