

Thank you for your support! Please complete below and attach a void cheque:

Date \_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_

**Banking Information (attach void cheque):**

Financial Institution \_\_\_\_\_

Branch Address \_\_\_\_\_

Account \_\_\_\_\_ Transit \_\_\_\_\_ Institution No. \_\_\_\_\_

Your Monthly Donation Amount \_\_\_\_\_

Date for Monthly Debit (i.e. Every 10<sup>th</sup>) \_\_\_\_\_

Charitable Donation Receipts will be issued annually, to the listed email address.

Authorized Signature: \_\_\_\_\_