

PLEDGE FORM

I'm pleased to make a pledge of \$ _____ over _____ year(s).

Pledge start date (month and year): _____

This donation is made on behalf: an Individual a Business

Payment schedule: Monthly Quarterly Semi-annually Annually

Payment method:

() **Automatic withdrawal from my bank account (attach VOID cheque)**

Please specify monthly debit amount: \$ _____

The debit will be processed to your account on the 15th day of each month or the next business day.

I may revoke my authorization at any time, subject to providing notice within 30 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

() **Post-dated cheques enclosed (payable to the Couchiching Jubilee House)**

() **Credit Card** Visa number: _____ Expiry date: _____

() **Other – please see special pledge directions below**

All contributions are tax deductible

Donor Name: _____

Address: _____ Apt/Unit #: _____

City: _____ Province: _____ Postal code: _____

Phone number: _____

Signature: _____ Today's date: _____

() I'd like more information on how I can make a gift to Couchiching Jubilee House in my will.

Special pledge directions: _____
