Halton Women's Place
Healthy Relationships • Healthy Communities
2211 Brant Street, #20060, Burlington, ON L7P 0A4

Yes, I would love to invest in the safety of women and children of Halton!

You can donate *online* at www.haltonwomensplace.com

An official e-tax receipt will be emailed directly to you.

Enclosed please find my donation for:

❑ $25 ❑ $50 ❑ $75 ❑ $100

❑ $200 ❑ Other $_____

Payment: *(check one)* ❑ Cheque / Money Order

❑ American Express ❑ MasterCard ❑ VISA

Card No. _____ Ex._____

Signature _____

Phone No. _____

Kindly mail my tax receipt to:

Name _____

Company _____

Address _____

_____

Email _____

Thank You

Registered Charitable # 10746 2558 RR0001

We do not solicit door-to-door nor sell/trade our mailing list.

Pre-Authorized Payment Authorization Form

To *Halton Women's Place*

Name(s)		
Address		
City	Province	Postal Code
Telephone No.		
Name of Financial Institution		
Branch Address		
City	Province	
Bank Number	Transit Number	
Account Number		

Please attach a VOID cheque.

I / we (the above named) authorize Halton Women's Place to debit my / our account indicated above, in the amount of $ _____ on the _____ day of each month, for _____ months, for payments to Halton Women's Place in respect of:

_____

Each payment shall be the same as if I / we had personally issued a cheque authorizing the Bank to pay Halton Women's Place as indicated and to debit the amount specified to my / our accounts.

I / we will notify Halton Women's Place promptly in writing if I / we move the account from one bank or branch to another, or if there is any other change in the account.

I / we understand that the Bank is not responsible to verify whether these payments are properly debited to my / our account.

This authorization may be cancelled at any time upon written notice by me / us to Halton Women's Place.

Any delivery of this authorization to Halton Women's Place constitutes delivery by me / us to the Bank.

I / we am / are all the persons who are required to sign on the above account.

_____

Date Signature