



Halton Women's Place
Healthy Relationships • Healthy Communities



YES! *I would like to support
Halton Women's Place*

Enclosed please find my donation for:

- \$25 \$35 \$50 \$100
 \$200 Other _____

Payment method (check one):

- Cheque / Money Order
 American Express MasterCard VISA

Card No. _____

Expiry _____

Signature _____

Kindly mail my tax receipt to:

Mr. _____
Mrs. _____
Ms. _____

Address _____

Thank You

Registered Charitable
#10746 2558 RR0001

Pre-Authorized Payment Authorization Form

To <i>Halton Women's Place</i>		
Name(s)		
Address		
City	Province	Postal Code
Telephone No.		
Name of Financial Institution		
Branch Address		
City	Province	
Bank Number	Transit Number	
Account Number		
<p>Please attach a VOID cheque.</p> <p>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:</p> <p>_____</p> <p>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 account.</p> <p>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.</p> <p>I / we understand that the Bank is not responsible to verify whether these payments are properly debited to my / our account.</p> <p>This authorization may be cancelled at any time upon written notice by me / us to Halton Women's Place.</p> <p>Any delivery of this authorization to Halton Women's Place constitutes delivery by me / us to the Bank.</p> <p>I / we am / are all the persons who are required to sign on the above account.</p>		
Date		Signature