

MATTHEW HOUSE MONTHLY GIVING PLAN

I wish to support **MATTHEW HOUSE, Toronto** with monthly donations.

Amount \$ _____ Starting (month) _____

On the 15th day of month (or next business day)

SIGNATURE _____

DATE _____

ADDRESS _____

CITY _____

PROV _____

POSTAL CODE _____

EMAIL _____

PHONE _____

☐ Please debit my bank account. I have attached a cheque marked **VOID**

☐ I prefer to make a pre-authorized payment by credit card



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EXPIRY DATE _____ / _____

NAME ON CARD _____

I understand that I can revoke or make changes to this authorization at any time in writing or by calling Matthew House at 416-364-8287 with 30 days notice. To obtain a sample cancellation form or for more information on your right to cancel a pre-authorized debit (PAD) agreement contact your financial institution or visit www.cdn.pay.ca. You have certain recourse rights if any donation does not comply with this agreement (i.e.) I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this pre-authorized debit or credit card agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdn.pay.ca. **MATTHEW HOUSE, Toronto 981 Dundas St. W. Toronto, ON M6J 1W4 email: admin@matthewhouse.ca fax: 416-203-6771**

MAIL TO:

Matthew House Toronto
981 Dundas Street West
Toronto, Ontario M6J 1W4

416-364-8287