

the **RANGE** partnership

Hunger is real.
Helping is **easy**.
Become a monthly donor.



Orange you glad you helped?

DONATION FORM

Name _____

Address _____ City _____ Province _____ Postal Code _____

Method of Monthly Payments:

1) THROUGH MY BANK ACCOUNT (*withdrawals are on the 20th of each month*):

Please debit my account \$ _____ a month Void Cheque Enclosed

2) THROUGH MY CREDIT CARD ACCOUNT (*withdrawals are on the 10th of each month*):

Please debit my credit card account \$ _____ a month

Credit Card information VISA MASTERCARD

Full Name (as shown on card) _____

Credit Card Number _____ Expiry Date ____ / ____ CCV #: _____ (3 Numbers at back)

Telephone () _____ - _____ Date _____ Email _____

3) ONE TIME PAYMENT: \$ _____

Please use my attached cheque as payment OR the above credit card info for my one time payment

Signature of Donor _____ **(SIGN FOR ANY OPTION)**

Please return this form with your void cheque (if using option 1) or credit card information to: info@agapecentre.ca You can also mail the form and cheque (if using option 1) to: Agapè Centre, 40 Fifth Street West, Cornwall, ON K6J 2T4. Questions? Call us at @ 613.938.9297 x: 127



A single tax receipt for the full annual total will be sent at the end of the calendar year.