



Alongside Hope

I want to support the work of Alongside Hope and its partners **with a MONTHLY DONATION** of:

- \$15 \$25 \$30 \$50 \$100 Other \$ _____
 I am already a monthly donor and want to increase my donation to \$ _____

I authorize Alongside Hope to debit the above amount from my chequing account on the

1st or 16th day of each month, and have enclosed a cheque marked "VOID"

OR

Please charge my credit card   (credit card will be charged on the 28th day of each month)

CREDIT CARD INFORMATION:

Card Number: _____ Expiry (MM/YY): _____

Signature: _____ Date: _____

DONOR INFORMATION:

Name: _____

Address: _____ Apt: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____

Email: _____

I understand that payments will continue automatically each month until I notify Alongside Hope of any changes by calling Jennifer Brown at 1-416-924-9192 ext. 355 or 1-866-308-7973 ext. 355 or emailing jbrown@alongsidehope.org.

I can change or cancel my monthly donation at any time and have the right to receive reimbursement for any debit that is not authorized or is not consistent with this pre-authorized debit agreement.

One tax receipt issued for monthly donations.

Charitable Registration No. 8664 34640 RR0001

Please return this entire form with your donation.

Thank you for your prayerful and thoughtful support!

Alongside Hope • Anglican Church of Canada
80 Hayden Street, Toronto, ON M4Y 3G2 • 416-924-9199 ext. 355 or 1-866-308-7973 ext. 355