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Date: _____

PRE - AUTHORIZED DONATION FORM

I want to support Neighbour to Neighbour Centre (Hamilton) through monthly DEBIT or CREDIT CARD donations.

Monthly DEBIT Donation

Please debit my bank account, using the attached **Void Cheque** Monthly Amount: \$ _____

The debit will be processed from your account on the 1st or 15th of each month or the next business day.

**Please circle the preferred date.

Donor Name: _____

Address: _____

City, Province, and Postal Code: _____

Phone: _____

Email (optional): _____

Monthly CREDIT CARD Donation

The credit card will be processed on the 15th of each month or the next business day.

Monthly Amount: \$ _____

Name on Credit Card: _____

Credit Card Number: _____

Card Expiry: Expiry Month: _____ Expiry Year: _____

CVV (three digit code on back of card) _____

Email (optional): _____

For **BOTH DEBIT and CREDIT** donations, please provide mailing address and sign here:

Donor Signature: _____

This donation is made on behalf of: _____ an Individual OR _____ a Business **Please check one.

I may revoke my authorization at anytime, subject to providing notice (30 days). To obtain a sample cancellation form, or for more information on my right to cancel, I may contact my financial institution or visit www.cdnpay.ca. I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca

**Mail completed form and void cheque (if providing a monthly debit donation) to the address above or email admin@n2ncentre.com.

Help is just a Neighbour Away