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**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 **1<sup>st</sup>** or **15<sup>th</sup>** of each month or the next business day.  
\*\*Please circle the preferred date.

Donor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, \_\_\_\_\_ Province, \_\_\_\_\_ and \_\_\_\_\_ Postal \_\_\_\_\_ Code: \_\_\_\_\_

Phone: \_\_\_\_\_

**Monthly CREDIT CARD Donation**

The credit card will be processed on the **15<sup>th</sup>** of each month or the next business day.

Monthly Amount: \$ \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Card Expiry: \_\_\_\_\_ Expiry Month: \_\_\_\_\_ Expiry Year: \_\_\_\_\_

For **BOTH DEBIT and CREDIT** donations, please 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](http://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](http://www.cdnpay.ca)

\*\*Mail completed form and void cheque (if providing a monthly debit donation) to the address above or email [hmoroz@n2ncentre.com](mailto:hmoroz@n2ncentre.com).

*Help is just a Neighbour Away*