



MONTHLY GIVING FORM

DONOR INFORMATION

TITLE _____ FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

HOME PHONE _____ WORK / CELL PHONE _____ EMAIL ADDRESS _____

PRE-AUTHORIZED DEBIT AGREEMENT

I WISH TO MAKE A MONTHLY GIFT IN THE AMOUNT OF \$ _____, BEGINNING THE 15TH DAY OF _____ 20____, AND CONTINUING ON THE SAME DAY EVERY MONTH UNTIL I NOTIFY YOU. (This debit will be processed to your account on the 15th day of each month or the next business day.)

PLEASE DIRECT MY DONATION WHERE HELP IS NEEDED THE MOST DESIGNATED PROGRAM: _____

I HEREBY AUTHORIZE LOFT TO ARRANGE FOR THE FOLLOWING METHOD OF AUTOMATIC MONTHLY PAYMENT (choose one of the following two options):

AUTHORIZING SIGNATURE: _____ DATE: _____

1. PRE-AUTHORIZED DIRECT WITHDRAWAL
NAME OF BANK (or other institution) _____
BRANCH ADDRESS _____
(please enclose a cheque marked "VOID")

2. MONTHLY CREDIT CARD PAYMENT VISA MASTERCARD
CARD NUMBER: _____ EXPIRY DATE: _____
CARD HOLDER NAME: _____

THIS DONATION IS MADE ON BEHALF OF AN INDIVIDUAL A BUSINESS

I WISH TO REMAIN ANONYMOUS

LOFT WILL PROVIDE A CHARITABLE RECEIPT FOR INCOME TAX PURPOSES ONCE A YEAR.

PLEASE SEE WWW.LOFTCS.ORG FOR FURTHER INFORMATION ON YOUR RIGHTS AND RECOURSE REGARDING PRE-AUTHORIZED DEBITS.

MAIL TO: LOFT Community Services
15 Toronto Street, 9th Floor
Toronto, ON
M5C 2E3

FAX TO: 416-979-3028
EMAIL TO: info@loftcs.org

THANK YOU!