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(December E- 2014)

YES, I will support Heart House Hospice! Please select one of the following options:

- Make a One-Time Gift:** \$500 \$250 \$100 \$50 \$35 Other \$ _____
 Be a monthly supporter by Visa/MC: \$50/month \$25/month \$10/month Other \$ _____/ month

(Monthly donations will be processed on the 15th of each month & can be cancelled at any time)

We DO NOT sell, trade, or share our mailing list. Please check here if we can acknowledge you as a donor in our newsletter and other publications

Method of Payment:	<input type="checkbox"/> In Memoriam Name:
<input type="checkbox"/> Cheque (payable to Heart House Hospice) <i>(Please see below for automatic monthly withdrawals)</i>	Card Holder Name:
<input type="checkbox"/> VISA (please complete card information)	Card Number:
<input type="checkbox"/> Master Card (please complete card information)	Expiry Date:
Donor Name:	Signature:
Street Address:	City
Province:	Postal Code:
Phone Number:	Email:

Charitable Registration # 13215 5011 RR 0001 **Tax Receipt issued for \$25 & more Thank You!!!**

For monthly gifts using automatic bank withdrawals only, please include a VOID cheque and your signature below.

Please debit my bank account in the amount of \$: _____/month

Starting Date: _____ **Signature:** _____

This donation is made on behalf of: *an Individual* *a Business*

The debit will be processed to my/our account on the 15th day of each month, or the next business day.

I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, 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 the PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.