



victim services toronto

DONATION FORM

Please print and complete this form then send the form to:

Victim Services Toronto, 40 College St, Toronto, ON M5G 2J3

Please send tax receipt to:

Mr. Mrs Ms Dr Other _____

First name: _____ Last name: _____

Address: _____ Suite: _____

City: _____ Province: _____ Postal code: _____

Home telephone: _____ Business telephone: _____

E-mail: _____

Payment details:

\$100 \$75 \$50 \$25 Other: _____

Cheque (please make payable to *Victim Services Toronto*)

Credit Card: VISA MasterCard American Express

Card number: _____ Expiry date: _____

Signature: _____ Date: _____

Is this a one-time or a monthly donation?

One-time Please enclose a cheque(s) or fill out the credit card information below to fulfill the pledge made through this form.

Monthly Please fill out the Automatic Monthly Donation Terms of Agreement to fulfill the pledge made through this form

Automatic Monthly Donation Terms of Agreement

Thank you for your interest in Automatic Monthly Donations. This is a convenient way to make monthly donations. Instead of sending a cheque by mail, your donation is automatically deducted from your bank account each month by Pre-Authorized Debit (PAD). If later you want to make a change in the amount given or to stop this monthly deduction/charge, simply send us a written request of your desire. If you have any questions, please call 416-808-7933.

By Automatic Bank Account Withdrawal (Pre-Authorized Debit): To start your monthly automatic donation from your bank account, please fill out the contact and donation information above, sign the Pre-Authorized Debit (PAD) Authorization below, and mail this form with a voided check.

Pre-Authorized Debit Authorization

I (We) authorize International Messengers (IM) to transfer from my (our) account each month the amount indicated above. This agreement will remain in effect until I (we) send a written request to Victim Services Toronto asking them to change or end this agreement. IM will make the requested changes within 10 days of receiving a written request.

Signature (Primary Owner) Date

Signature (Joint Owner, if any) Date

Thank you for your generosity _____

If you prefer not to receive communications from Victim Services, please tick this box.

Unless otherwise requested, tax receipts are issued for donations of \$10 or more.

Charitable registration number **89409 3467 RR 0001**