



Pre-Authorized Monthly Donation (PMD) Authorization Form for Monthly Donations to ehm (Evangel Hall Mission)

CONTACT INFORMATION		
Name:		
Address:		
City:	Postal Code:	Phone #:
Email:		

DONATION INFORMATION			
Account Name (As it appears on your cheques/credit card and in the records of your financial institution):			
Name for Donation Receipts is:			
<input type="checkbox"/> Same as Above <input type="checkbox"/> New Name – Please Specify: _____			
Total Monthly Donation	Donation to be allocated as follows		
	General Fund	Program Fund	Clinic Fund
\$	\$	\$	\$
<input type="checkbox"/> Bank Account <input type="checkbox"/> New PAD – please attach a VOID cheque to this form or enter credit card information below: _____			
<input type="checkbox"/> Credit Card <input type="checkbox"/> Change to Existing PAD (please attach a new VOID if changing Banking information)			
Bank Transit #	Branch #	Acct #	
Credit Card #		Exp Date:	
Donation will be taken on the 15th of the month beginning in: _____			
This donation is made on behalf of: ____ an individual ____ a business			

AUTHORIZATION/RECOURSE RIGHTS		
I/we hereby authorize you to debit my/our account each month in the amount(s) shown above and for such amount(s) to be payable to ehm (Evangel Hall Mission), Toronto. Your treatment of each payment shall be the same as if I/we had personally issued a cheque authorizing you to pay as indicated and to debit my/our account accordingly. This authorization may be cancelled at any time upon written notice by me/us to ehm 2 weeks prior to the 15th of the month . I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to received reimbursement for any debit that is not authorized or is not consistent with this agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca .		
Date	Authorized Signature	Authorized Signature



Evangel Hall Mission

A community of compassion. A place of hope.

Pre-Authorized Monthly Donations

Thank you for your interest in ehm's Pre-Authorized Monthly Donation (PMD) program. We appreciate your support.

Advantages of a PMD donation:

For you, a PMD will:

- Demonstrate your faith through a firm commitment
- Eliminate the need for and expense of writing cheques
- Allows you to spread your donation over the year, which may prove advantageous to you

For ehm, PMDs:

- Provide reliable and regular givings, helping to reduce seasonal fluctuations and enable ehm to budget better
- Allow ehm to continue the ministry of caring for the disadvantaged of Toronto

We offer the choice of a debit from your bank account or your credit card.

Please fill out the form on the reverse of this page and mail it, with a VOID cheque (or your credit card information) to:

ehm
ATTN: Kristen Stout
552 Adelaide ST W
Toronto ON M5V 3W8

(If you prefer to give your credit card information directly to a person, please mail in the signed form and call Kristen Stout at 416-504-3563 x 223 with your credit card number.)

In the interest of reducing costs and amount of paper used, we will send you one annual tax receipt, unless otherwise specified.

Should you need to cancel or suspend your PAD, please send **written cancellation two (2) weeks prior to the 15th of the month**. An email to Kristen Stout at kristen.stout@evangelhall.ca would suffice, or you may fax it to 416-504-8056

If you have any questions, please contact Kristen Stout at 416-504-3563 x 223

