

ehm Pre-Authorized Monthly Donation (PAD) Authorization Form

CONTACT INFORMATION		
Name:		
Address:		
City:	Province:	Postal Code:
Email:	Phone #:	
<input type="checkbox"/> Keep me up to date on ehm news and events <input type="checkbox"/> By mail <input type="checkbox"/> By email		

DONATION INFORMATION	
Account Name (as it appears on your cheques/credit card and in the records of your financial institution):	
Name on Donation Receipts: <input type="checkbox"/> Same as Above <input type="checkbox"/> New Name – Please Specify:	
Total Monthly Donation \$	Donation will be taken on the 1st or 15th of the month, beginning in:

PAYMENT OPTIONS	
Please charge my <input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover Cardholder Name:	
Card #:	Expiry Date: (mm/yy)
<input type="checkbox"/> Please withdraw funds from my bank account: <input type="checkbox"/> I have enclosed a VOID cheque	
Bank Transit #	Account #
Branch #	

AUTHORIZATION/RECOURSE RIGHTS		
<p>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.</p>		
Date	Authorized Signature	Authorized Signature



Pre-Authorized Monthly Donations

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

Advantages of a PAD donation:

For you, a PAD 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, PADs:

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

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

Evangel Hall Mission
ATTN: Development
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 Angela Zhang at 416-504-3563 x 235 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.

RECEIPTING OPTIONS	
Please send my annual receipts:	
<input type="checkbox"/> Electronically	<input type="checkbox"/> By mail
<input type="checkbox"/> To the same email as above	<input type="checkbox"/> To the same address as above
<input type="checkbox"/> To another email:	<input type="checkbox"/> To another address:
_____	_____
	(Street)

	(City) (Province) (Postal Code)

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 Peter Yu at accountant@evangelhall.ca would suffice, or you may fax it to 416-504-8056.

If you have any questions, please contact Peter Yu at 416-504-3563 x 223 or Viorelia Verhovetchi at 416-504-3563 x301.

