

Monthly Giving



I wish to contribute: ☐ \$20 ☐ \$30 ☐ \$50 ☐ \$100 ☐ My choice _____

I allow Feed Nova Scotia to withdraw this amount from:

☐ my bank account (attach void cheque or complete information below; see reverse for assistance)

Name of financial institution _____ ☐ chequing ☐ savings

Branch address _____

Institution # _____ Account # _____ Branch / Transit # _____

☐ credit card

VISA ☐ MASTERCARD ☐ AMEX

Card# _____ Expiry Date _____ / _____

Name on card _____

Please withdraw my monthly contribution on the:

☐ 1st day or ☐ 15th day of each month (or the next business day) starting _____ / _____ and

☐ continuing until further notice or ☐ ending _____ / _____
month year month year

You will receive 10 days written notice prior to your first monthly pre-authorized debit contribution. If you do not require this notice, please check below.

☐ I do not require 10 days notice before processing my first pre-authorized debit monthly contribution.

Donor information:

This donation is being made by: ☐ an individual ☐ a business

Tax receipts will be issued for all eligible donations.

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Other _____

Donor Name _____

Contact (if a business) _____

Address _____

City/Town _____ Prov _____ Postal Code _____

Phone _____ Email _____

Used only to clarify questions about your donation; not to solicit gifts.

Please add me to your email distribution list so I can learn more about Feed Nova Scotia.

Signature _____ Date _____

For our donors who give each month: You have a right to cancel your monthly donations at any time, subject to providing notice within 30 days. You may obtain a cancellation form or further information on how to cancel the agreement at your financial institution or by visiting www.payments.ca. You also have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this pre-authorized debit agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.payments.ca.

Thank you for your support!
Please complete and return this form to our office:
67 Wright Avenue, Dartmouth NS B3B 1H2

BANK

001

PAY TO THE ORDER OF

\$

001 12345 123 1234 1234567

Cheque
Number

Branch/Transit
Number

Institution
Number

Account
Number