

Pre-Authorized Donations

PLEASE FILL OUT COMPLETELY



**FREEDOM
HOUSE**

I would like to support Freedom House through monthly donations.

- 1) Please debit my bank account \$ _____ (attach void cheque)
- 2) This donation is made on behalf of: an individual a business
- 3) Donations will be withdrawn on the _____ of each month *OR* (check one):
 - Weekly (takes place each Friday)
 - Bi-Weekly (every 2 weeks)
 - Semi-Monthly (1st and 15th of each month)
- 4) Starting Date: _____

Donor Name	
Address	
City / Province	
Postal Code	
Phone Number	
Email Address	

I hereby authorize Freedom House to debit from my bank account as specified above. Charitable Receipts are issued for all donations received through this Pre-Authorized Donation form. I may revoke my authorization at any time, by providing written notification to Freedom House at least 20 days prior to my next scheduled withdrawal. 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 this PAD agreement. To obtain a sample cancellation form, or for more information on my right to cancel a PAD agreement or my recourse rights, I can contact my financial institution or visit www.cdnpay.ca.

Signature of Account Holder: _____ Date: _____

Attach VOID CHEQUE Here

Send Completed Form to: Freedom House
1 Market Street, Suite 103
Brantford, ON N3T 6C8
Attn: Nicki Straza, Treasurer

(226) 401.3626
nicki@freedomhouse.ca
www.freedomhouse.ca