



Monthly Donation Form

Your generous financial contribution provides vital support for services to more than 8,500 older adults and family caregivers in York Region and South Simcoe.

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Bus: _____

Email Address: _____

Make a Monthly Gift – Automatic Withdrawal from a Bank

I would like to make a monthly gift through pre-authorized payments in the amount of:

\$15 \$25 \$50 Other \$_____/month

Please enclose a blank cheque marked VOID.

Signature: _____ Date: _____

I authorize CHATS to make automatic MONTHLY withdrawals from my bank account at the end of each month. I understand that I may cancel this authorization by notifying CHATS in writing.

Make a Monthly by Credit Card

I would like to give a **monthly gift** on my credit card

\$15 \$25 \$50 Other \$_____/month

Credit Card Type: VISA MASTERCARD Amex

Credit Card #: _____ Expiry Date: ____/____ CVC: ____

Signature: _____ Date: _____

I authorize CHATS to charge the amount specified to my credit card on the 15th of each month. I understand that I may cancel this authorization by notifying CHATS in writing.

Note: A single tax receipt for each year's total contributions will be sent at the beginning of the next calendar year.

CHATS Community & Home Assistance to Seniors

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Charitable Registration Number: 13209 0978 RR0001