

BETHESDA RENEWAL CENTRE
Monthly Donation Gift

Amount: \$10 \$20 \$25 \$50 \$100 Other \$ _____

Pre-Authorized Withdrawal (PAW)

Please PRINT CLEARLY and please enclose a VOID cheque.

Pre-Authorized Payment Authorization (PAW)	
Payor name(s) _____	
Address: _____	
City & Province _____ P.C. _____	
Phone number: (H): _____ Email _____	
I/(we) authorize Bethesda Renewal Centre to process a debit, in paper, electronic or other form in the fixed amount of \$ _____ on my (our) account monthly , (on the 1 st of the month) beginning _____	
Date	
I (we) acknowledge that I (we) have read, understood and accepted all the provisions contained in the Terms and Conditions of the Pre-Authorized Payment Authorization and that I (we) have received a copy.	
Signature of Payor _____ Date _____	
Signature of Payor _____ Date _____	

Charitable Registration number: 867947970 RR 0001

Tax receipts will be issued at calendar year end unless specifically requested.

Note: Any changes to the PAW arrangements are to be submitted by the 15th day of the month, in writing, to Bethesda Renewal Centre, 253 Lowe Road, Ashton, Ontario, K0A1B0 or by e-mail to Bethesda.renewal@gmail.com marked: "Treasurer". The changes will take effect the following month.