



## **Second Chance Wildlife Sanctuary**

2060 Concession Road 7

Pickering, ON L1Y 1A2

Tel: 905-649-8282

Fax: 905-649-6338

Email: joyce@second-chance.ws

Web sites: www.second-chance.ws

www.petfinder.org/shelters/ON99.html

**Charitable Registration No. 89018 0847 RR0001**

### **PRE-AUTHORIZED MONTHLY DONATION PLAN AGREEMENT**

I/we authorize *Second Chance Wildlife Sanctuary* and the financial institution designated below to begin deductions for donations to my/our *Second Chance Wildlife Sanctuary* account. This authority is to remain in effect until *Second Chance Wildlife Sanctuary* has received written notification from me/us of its termination in time to allow *Second Chance Wildlife Sanctuary* reasonable opportunity to act on it or until *Second Chance Wildlife Sanctuary* has sent me/us written notification of termination of this agreement.

**Please print**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_ City/Town: \_\_\_\_\_

Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone No. \_\_\_\_\_ E-mail: \_\_\_\_\_

I/we wish to donate the sum of \$ \_\_\_\_\_ per month on the \_\_\_\_\_ day of each month, beginning on \_\_\_\_\_, 20\_\_\_\_.

Financial Institution: \_\_\_\_\_ Branch No. \_\_\_\_\_ Account No. \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_

\*Authorized Signature(s) \_\_\_\_\_ Date: \_\_\_\_\_

\*For Joint accounts, all depositors must sign when more than one signature is required on cheques issued against the account.

Please return this completed Agreement with a blank, *unsigned* cheque marked "VOID" to *Second Chance Wildlife Sanctuary* at the address above.

An official tax receipt will be mailed to you at the end of the year.