



**HOSPICE**  
Prince Edward

### Monthly Giving Form

**YES**, I authorize Hospice Prince Edward Foundation to receive the following monthly gift of:

\$100 \_\_\_\_\_ \$50 \_\_\_\_\_ \$25 \_\_\_\_\_ other: \$ \_\_\_\_\_ (per month)

**Option 1 - Monthly withdrawal** (will be processed on or about the first business day of each month)

I authorize Hospice Prince Edward Foundation to automatically withdraw the amount indicated from my bank account. **(Please provide VOID cheque)**

On or about the first business day of each month: \$ \_\_\_\_\_

**Option 2 – Credit card withdrawal** (will be processed on or about the first business day of each month)

I want to charge the amount indicated to my credit card: \$ \_\_\_\_\_

**Visa:** \_\_\_\_\_ **Mastercard:** \_\_\_\_\_

**Card Number:** \_\_\_\_\_ **Security Code:** \_\_\_\_\_

**Expiry:** (mm/yyyy) \_\_\_\_\_

**Name on card:** \_\_\_\_\_ (please print)

**Name:** \_\_\_\_\_ (please print)

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_ **Tel:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ (please include as we receipt via email where possible)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please mail or return to:

Hospice Prince Edward Foundation  
40 Downes Avenue Picton, ON K0K 2T0  
613-645-4040  
[www.hospiceprinceedward.ca](http://www.hospiceprinceedward.ca)  
Charitable Registration: 816799134RR0001

You will receive a tax receipt for the total amount of your monthly gift on an annual basis, issued after the end of the calendar year. Donations will continue monthly until you notify Hospice Prince Edward of any changes. Donors have the right to change or cancel this agreement at any time by contacting Hospice Prince Edward. Any changes must be received before the 20<sup>th</sup> of the month to take effect for the next month. [You// We, *depending on context*] have certain recourse rights if any debit does not comply with this agreement. For example [You//We] have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information of your [my/our] recourse rights, [I/we] may contact [my/our] financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)