

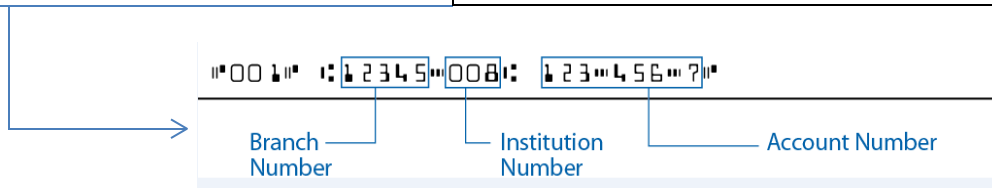
Pre-Authorized Donation

A) Payor Information

Title (Circle) Mr/Ms/Mrs/Miss/Dr	First Name:	Middle Name:	Last Name:	
Street Address:		City:	Province:	Postal Code:
Phone: ()		Email:		

B) Payor Financial Institution Information

Branch No.	Institution No.	Account No.
Name of Financial Institution		Address



C) Payment Information & Authorization

I/We authorize Christian Stewardship Services to debit my/our bank account in the amount of \$_____ on the last business day of **each month** to be gifted to **Life Recovery Association** until further notice. Notice of seven business days is required to make any changes, or stop withdrawals.

A tax receipt will be issued by CSS at year end

If your bank funds are insufficient CSS will make no further attempt to withdraw funds until the next scheduled withdrawal, and this in no way will affect the agreement.

D) Future Planning

Please contact me to discuss how I can support Life Recovery through planned gifts or my estate plan.

By signing below I/we acknowledge my intent to make this gift to CSS with the terms & conditions indicated above.

Signature

Signature (If applicable)

Date

Mail to: 208 – 500 Alden Road, Markham ON L3R 5H5 or Fax to: 905-947-9263, Tel: 1-800-267-8890
Email questions to admin@cssservices.ca