



Serving Seniors Inc.

10 Chrysler Gate, Steinbach MB R5G 2E6, Ph.: 204-320-4600 Fax: 204-320-9098 www.patporteralc.com

Monthly Donation Form

Personal Information

Name:	_____	_____
	First Name	Last Name
Street Address:	_____	
City/Town:	Province: _____	Postal Code: _____
Email:	Phone: (_____) _____ - _____	
<i>Please send me updates about the organization by:</i>	<input type="checkbox"/> E-Mail	<input type="checkbox"/> Letter mail <input type="checkbox"/> no updates, thanks

Donation Information

Monthly gift amount:	<input type="checkbox"/> \$15	<input type="checkbox"/> \$30	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	<input type="checkbox"/> Other: \$ _____
Process my donation on the:	<input type="checkbox"/> 1 st	<input type="checkbox"/> Each month			
This donation is made by:	<input type="checkbox"/> an individual	<input type="checkbox"/> a business			
I prefer to give by:	<input type="checkbox"/> Credit card (Please fill out the credit card section below)				
	<input type="checkbox"/> Pre-authorized debit (Please fill out the pre-authorized debit (PAD) below)				

Credit Card

Card type:	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> American Express		
Card #:	_____	Expiry (mm/yy):	____ / ____		
Name on card:	_____				
Signature:	_____	Date:	_____		
I understand that my donations will automatically continue each month until I notify the Executive Director of Serving Seniors Inc. of any change. I can change or cancel my monthly donation at any time.					

Pre-Authorized Debit (PAD)

<i>Please attach a void cheque.</i>	
Signature: _____	Date: _____
I may revoke my authorization at any time, subject to providing notice of 15 days. To obtain a cancellation form go to https://www.patporteralc.com/fundraising/	
I have certain recourse rights is any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this agreement.	

Serving Seniors Inc. respects the privacy of its donors; we do not sell, rent, or trade our donor lists.

If you would like to change the way we communicate with you, please email us at ed@patporteralc.com or call 204-320-4600 and ask for the Executive Director. A tax receipt will be issued for all donations of \$20 or more. For monthly donors, official tax receipts are issued in February for the total year's donations.

An Age Friendly Community