

**St. Joseph's Foundation
Of Thunder Bay**

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**ST. JOSEPH'S FOUNDATION
OF THUNDER BAY**

AUTHORIZATION FOR PRE-AUTHORIZED DONATION

DONOR: _____ PHONE: _____
(Please Print)

ADDRESS: _____ POSTAL CODE: _____

BANK : _____

BRANCH ADDRESS _____

CHEQUING ACCOUNT #: _____

I, as the account holder, authorize the payee and the above-noted financial institution to debit my account each month on the first banking day of the month, for the following amount \$ _____

Signature: _____ Date: _____

PLEASE ATTACH A SPECIMEN OF YOUR CHEQUE MARKED "VOID"

PLEASE SELECT ONE:

I hereby pledge to St. Joseph's Foundation of Thunder Bay the above noted monthly sum to be paid for the next ____ year(s).

I hereby pledge to St. Joseph's Foundation of Thunder Bay the above noted monthly sum to be paid on an ongoing basis. I understand that I can cancel this plan at any time, either in writing or by contacting 807.768.4440.

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PRE-AUTHORIZED PAYMENT PLAN:

Under this plan, a donation will be deducted automatically from your bank account on the first banking day of the month.

A donation receipt for income tax purposes will be issued for the full year at each year-end.

This authorization may be cancelled in writing or by calling 807.768.4440. There will be a \$10 service charge for NSF transactions.

Supporting the works of the Sisters of St. Joseph in the District of Thunder Bay

Charitable Registration Number: 119183267 RR0001