



PRE-AUTHORIZED BANKING FORM

NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

EMAIL: _____ PHONE: _____

I would like my gift designated towards the fundraising efforts of: _____
(staff and/or satellite)

I authorize Youth Unlimited/YFC Southwestern Ontario to withdraw my monthly gift from my account on the 16th day of each month in the amount of: \$ _____ per month

PARTNER AUTHORIZATION SIGNATURE: _____ DATE: _____

With the authorization, we will process all future monthly donations automatically unless otherwise directed. In the event of starting, cancelling or changing your monthly donation, please notify the office one month in advance.

Return this completed form along with your VOID cheque via email to:
dawn.w@swoyfc.com
or mail to:
Youth Unlimited YFC Southwestern Ontario
94 Graham Street, Suite 4
Woodstock, ON N4S 6J7

Spending of funds is confined to board-approved programs and purchases. Each gift designated toward an approved program will be used as designated with the understanding that when any given need has been met, or cannot be completed for any reason, designated gifts will be used within the local satellite where needed most. Gifts will be acknowledged and receipted with an official receipt for income tax purposes. Receipts are issued for gifts of \$20 or greater.

Southwestern Ontario Youth for Christ is a registered charity with the Government of Canada
Registration# 895569044 RR0001