



**GREATER VICTORIA
ELDERCARE FOUNDATION**

**MONTHLY GIVING PROGRAM
AUTHORIZATION FOR PRE-AUTHORIZED MONTHLY
DEBIT/CHARGE**

Instructions:

1. Please complete all applicable sections
2. Please sign at the bottom of the document.
3. Return completed form by mail to: Greater Victoria Eldercare Foundation, 1454 Hillside Avenue, Victoria, BC V8T 2B7 or by FAX to 250-370-5697.
4. If you have any questions, please call the Foundation office at 250-370-5664.

DONOR INFORMATION:

Name:	
Address:	
Telephone:	Fax:
Email:	

TO DEBIT YOUR BANK ACCOUNT (1st day of each month). Please attach a cheque marked 'VOID' and fill in this section.

Branch Number _ _ _ _ _	Institution # _ _ _	Account Number _ _ _ _ _
Name of Financial Institution		
Branch		
Branch Address		
City/Province	Postal Code	

**TO CHARGE TO YOUR CREDIT CARD (1st Monday of each month):
PLEASE CIRCLE ONE:**

VISA	MASTERCARD	AMEX
CARD NUMBER _ _ _ _ _	EXPIRY DATE _ / _	
YOUR NAME AS SHOWN ON THE CARD:		

I HEREBY AUTHORIZE THE GREATER VICTORIA ELDERCARE FOUNDATION TO:

DEBIT FROM MY BANK ACCOUNT CHARGE TO MY CREDIT CARD

\$ _____ ON THE FIRST MONDAY OF EACH MONTH, UNTIL I NOTIFY THEM TO CHANGE OR DISCONTINUE.

SIGNATURE

DATE

Please use my donations for: Area of Greatest Need Other:* _____

*To support the ongoing operational costs of the Foundation and to help purchase wish list items where no designated funds are available, our policy is to transfer 10% of restricted donations to our unrestricted funds.