



Supporting individuals with disabilities and their families

BN 83890 9521 RR0001

www.peacehaven.ca

DONATION/MEMBERSHIP FORM

Name: (Please Print) _____ Date: _____

Home Address: _____

Business Name/Address: _____ Church Affiliation: _____

Tel. _____ Fax: _____ Email: _____

CONTRIBUTION PLAN

One-time Donation Amount: _____

Post-Dated Cheques Amount: _____

Monthly Automatic Chequing (fill in below) Amount: _____

Annual Membership - Payment of annual membership dues entitles the donor to all voting rights and privileges according to the By-Laws and Policies of Peace Haven.

** Membership limited to FRC members **

Individual: \$20.00 monthly or \$240.00 annually Amount: _____

Family: \$30.00 monthly or \$360.00 annually Amount: _____

Other (Specify) Amount: _____

AUTOMATIC CHEQUING

I hereby authorize Peace Haven, Free Reformed Association, to draw from my account on the 16th day of each month for payment until further notice.

In the amount of _____ / per month.

Signed: _____ Date: _____

Please enclose or attach your first cheque marked VOID across its face. With this authorization and from the information recorded on this personal cheque, we will process all future monthly donations automatically. No further cheques are required. This authorization may be cancelled at any time followed by written notice.

Please make all cheques payable to: PEACE HAVEN FREE REFORMED ASSOCIATION

Mail to: Henrietta Naves, Treasurer c/o 6 Oneida Drive Brantford ON N3S 7X8

Tel. 519 647-9846

Email: peacehaventreas@gmail.com