



CROSSROADS
COUNSELLING
EVERYONE MATTERS

CAFT Donation Form

Donation Details	
<input type="checkbox"/> One-Time \$ _____	<input type="checkbox"/> Monthly \$ _____ Date: <input type="checkbox"/> 15th <input type="checkbox"/> 30th

Personal Information				
First Name:	_____	Last Name:	_____	
Street Address:	_____		City:	_____
Province:	_____	Postal Code:	_____	
Main Phone:	_____	Email:	_____	

Bank Information	Account Details
Bank Name: _____	Account Holders: _____
Address: _____	Transit #: _____ (5 digits)
City: _____	Institution #: _____ (3 digits)
Province: _____ Postal Code: _____	Account #: _____

Please attach a VOID cheque or a DIRECT DEBIT form if possible.

Authorization
I authorize Crossroads Counselling Centre Society to debit my bank account with the above noted donation amount. I understand that if this authorization is for a monthly donation, my information will be saved on file for future donations and will remain in effect until I cancel this authorization.
Account Holder Signature: _____ Date: _____

Thank you for your contribution to our subsidy fund and for helping us to make a difference in the lives of others. Your generosity is truly appreciated!

An official receipt for income tax purposes will be mailed to you at the beginning of the year following your donation.

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