



Good Shepherd

Faith in people.

DONATION FORM

Fax to: 905-528-6967 or

Mail to: Development Office, 10 Delaware Avenue, PO Box 1003, Hamilton, Ontario L8N 3R1

Yes! I want to support the ongoing needs of the poor in our community. Here is my donation.

Mr. Mrs. Ms. Dr. Other

First name: Last name:

Address: Apt / Suite:

City: Province: Postal Code:

Home Telephone: Business Telephone:

E-Mail:

Option 1 - This is a one-time gift to be made by:

\$100 \$75 \$50 \$35 Other: \$

Cheque or Money Order (payable to Good Shepherd Centres)

Credit Card

VISA MasterCard AMEX

Card #: Exp. Date:

Cardholder's Name: Signature:

Option 2 - I/We would like to join the Shepherd's Circle and become a monthly donor by:

DIRECT DEBIT: I (we) authorize Good Shepherd Centres to process a debit in the amount of \$ on my (our) account on the day of each month, commencing on.

I have attached a VOID CHEQUE as required by the bank for pre-authorized transactions.

Signature:

Date:

Signature:

Date:

CREDIT CARD: I authorize Good Shepherd Centres to debit my credit card account in the amount of \$ after the 15th of each month commencing the month after I date my request.

Date:

VISA MasterCard Amex

Cardholder's Name:

Card #:

Exp. Date:

Signature:

An official tax receipt will be issued to you for your donation. Monthly donors will receive one receipt at the end of the year for the full amount of their annual donations. Your personal information is strictly confidential to Good Shepherd Centres. We do not share, trade, or sell any information we have collected. Good Shepherd Centres subscribes to the AFP (Association of Fundraising Professionals) Donor Bill of Rights. Charitable Registration # 13063 6798 RR0001