



Pre-authorized Debit (PAD) Agreement

Grandview Children's Foundation

Date: _____

Yes, I want to support Grandview Kids through a monthly giving program.

Please debit my bank account: (attach VOID Cheque)

_____ \$25 _____ \$50 _____ \$75 _____ \$100 Other amount _____ (specify)
The debit will be processed to your account on the 1st day of each month or the next business day.

Alternately, please charge the amount, each month to my (circle one) Visa, American Express or MasterCard

Credit Card Number: _____ Expiry: _____

Date: _____ / _____

Signature: _____

Donor Name (print): _____

Address: _____

City, Province: _____

Postal Code: _____

Phone Number: _____

Email Address: _____

I may revoke my authorization at any time in writing, subject to providing notice of 30 days.

For more information, please contact:
Grandview Children's Foundation
600 Townline Road South
Oshawa, ON
L1H 7K6

foundation@grandviewkids.ca

