

## Donation Form

*Your financial contribution provides vital support  
for services for seniors in York Region.*

*Please print this form and mail or fax to:*

### Community Home Assistance to Seniors

126 Wellington Street West, Suite 103

Aurora, ON L4G 2N9

Fax: (905) 713-1705

Name: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Home

Business

### Make a Single Gift

Gift Amount: \$\_\_\_\_\_

Please select one:      Visa      Mastercard      Cheque payable to CHATS

### Make a Monthly Gift

I would like to make a monthly gift through pre-approved payment. Enclosed is a blank VOID cheque.

I would like to give a monthly gift on my credit card:      Visa      Mastercard  
(please complete credit card information below.)

*I hereby authorize CHATS to make automatic MONTHLY withdrawals from my bank account or credit card, as indicated. I understand that I may cancel this authorization by notifying CHATS in writing.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: A single tax receipt for each year's total contributions will be sent at the beginning of the next calendar year. Monthly donations will be processed on the 15<sup>th</sup> of each month.

### Credit Card Information

Credit Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_