

Circle of Hope – Family & Children’s Services Foundation Monthly Giving Club



YES! I would like to join the “Circle of Hope” monthly giving club and help support vulnerable children and youth throughout the year by making monthly gifts.

(Mr./ Mrs. / Ms.) Name: _____

Address: _____

City: _____ Prov: _____ PC: _____ Phone: _____

Email address: _____

We recognize our supporters in the Foundation Report. Please indicate how you would like your name to appear (if different from above). If you wish to remain anonymous, please indicate that on the space provided.

ELECTRONIC FUNDS TRANSFER ENROLLMENT AND AUTHORIZATION

I hereby authorize Family & Children’s Services Foundation to transfer the amount listed below from my account or credit card each month. This authority will remain in effect until I provide notice to cancel this agreement. *PLEASE PRINT.*

I wish to make a monthly gift of



_____ \$13 /\$23 /\$33 /other



I would like to designate my gift to



A list of all funds is available on online at www.facswaterloo.org/foundation

1. I WISH TO GIVE THROUGH

MY CHEQUING ACCOUNT. I have enclosed a voided cheque with all necessary information to automatically withdraw my donations monthly.

MY CREDIT CARD. My credit card information has been provided below.

(please circle) Visa MasterCard American Express

#: _____ Expiry date: _____

2. DATE OF FIRST WITHDRAWAL: Month: _____ / 20* / 20 _____

* All withdrawals take place on the 20th day of the month.

3. SIGNATURE (required)

I understand and agree with the information on electronic funds transfer.

Signature: _____ Date: _____

4. JOIN TODAY! Please print your Circle of Hope membership form today and mail (along with your voided cheque) to Family & Children’s Services Foundation, 200 Ardelt Avenue, Kitchener, Ontario N2C 2L9.

Thank you for helping to ensure all children grow up being safe, healthy, and loved!