



Donation Pledge Form

Thank you for considering a pledge to Mission Services of London (MSL). Please complete the two-page form below and return it to us via fax, email scan or mail.

DONOR INFORMATION

Title (e.g. Mr., Ms.) First Name Middle Last

Organization Name

Address (including Apt. #)

City Province Postal Code

Home Phone Business Phone Mobile Phone

Email Address

As per Canada Revenue Agency (CRA) guidelines, MSL is required to ask for first name, middle initial, last name and complete address in order to issue a tax receipt.

DONATION DETAILS

I, the donor named above, pledge to donate \$ _____ as a one-time gift.

OR

I, the donor named above, pledge to donate \$ _____ with the following frequency:

Once per month on the 1st or the 15th of the month starting on _____ (DD/MM/YYYY)

Other (please specify; e.g. once per year): _____ starting on _____ (DD/MM/YYYY)

I will fulfill my pledge by:

Credit Card charge on the above-specified dates. Here is my credit card information:

Credit Card #: _____ / _____ / _____ / _____

VISA Master Card Amex

Expiry Date: _____ / _____ (MM/YY)

Mailing in cheque(s) on the above-specified dates (***please make cheques payable to Mission Services of London***; upon request, we are happy to provide postage-paid envelopes in advance of your pledge fulfilment dates for your convenience)

Direct withdrawal from my bank account (***this option is only available for monthly donations on the 1st or the 15th of the month; please attach a void cheque*** to this form). If more than one person is required to sign for cheques drawn on your bank account, please ensure that all persons whose signatures are required have signed this pledge form.

For Office Use Only: RE # _____



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DONATION DESIGNATION

I would like my pledge to support:

- Highest priority needs at any branch of Mission Services of London
- Highest priority needs at Men’s Mission
- Highest priority needs at Rotholme Women’s & Family Shelter
- Highest priority needs at Quintin Warner House (addiction treatment)
- Highest priority needs at Community Mental Health Programs
- Highest priority needs at the Mission Store
- Other (please speak to a member of the MSL Development Team to discuss your wishes): _____

PRIVACY & OTHER NOTES

Mission Services of London respects your privacy and we do not rent or sell our mailing lists. Personal information you provide, including email addresses, will be updated in our files and used to provide you with information about events, activities, programs, services, recognition, volunteering and fundraising initiatives. If you have any questions about our privacy policies, please contact the Administration Office at 519-433-2807.

*NOTE: Pre-authorized credit card charges and pre-authorized bank withdrawals may be revoked at any time, subject to providing 30 days’ written notice to MSL at the address, fax or email below. You have certain recourse rights if any debit or charge does not comply with this agreement. To obtain more information, contact your financial institution or visit www.cdnpay.ca.

SIGNATURE

I, the donor named above, confirm that the information provided is my own. I give Mission Services of London the authority to charge/withdraw the stated amount on the specified date, via credit card or pre-authorized debit per my stated wishes on this form.

Signature of Donor(s)

Date (DD/MM/YYYY)

Signature of Donor(s)

Date (DD/MM/YYYY)

ONCE COMPLETED, PLEASE RETURN THIS FORM TO:

Mission Services of London
4-797 York St.
London, ON N5W 6A8
Tel.: 519-433-2807 | Fax: 519-434-1956 | Email: ctaylor@missionservices.ca