



MONTHLY GIVING FORM

Donor Name/Account Holder: _____
Address: _____
City: _____ Prov: _____ Postal Code: _____
Phone: _____ Email: _____

AUTOMATIC WITHDRAWAL

Donation Amount: _____
Financial Institution: _____
Address of Institution: _____
Account Number: _____
Route (3 digits): _____ Transit (5 digits): _____
Frequency: _____ Monthly _____ Annually _____ One Time
_____ 1st of the Month _____ 16th of the Month
First Payment Due (year/mm/dd) ____/____/____

I hereby authorize Samaritan House Ministries Inc. to withdraw from my chequing account as indicated above. My void cheque is enclosed. To cancel, I understand I must give 30 days notice.

Signature: _____
Name Printed: _____

INSTRUCTIONS:

1. Complete this form and mail or deliver to the Samaritan House Resource Centre located at 820 Pacific Avenue.
2. Please include a void cheque or a completed direct withdrawal form from your bank.

Thank you for supporting Samaritan House Ministries Inc! Please visit our webpage for more information on our programs. www.samaritanhouse.net

Resource Centre
820 Pacific Avenue
Brandon MB R7A 0J1
204-726-0758

Training Centre
1610 Pacific Avenue
Brandon MB R7A 7L9
204-727-1268

Employment Resource Centre
C3 800 Rosser Avenue
Brandon MB R7A 6N5
204-717-3503



United Way
Brandon & District

The Resource
Centre Programs