



## MONTHLY GIVING FORM

Donor Name/Account Holder: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ PC: \_\_\_\_\_

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

### AUTOMATIC WITHDRAWAL

Amount of Donation: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

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

Account Number: \_\_\_\_\_

Route (3 digits): \_\_\_\_\_ Transit (5 digits): \_\_\_\_\_

Frequency:  Monthly  Annually  One Time

1<sup>st</sup> of the Month  16<sup>th</sup> of the Month

First Payment Due (yr/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: \_\_\_\_\_

### POST DATED CHEQUES

Please make cheques payable to Samaritan House Ministries Inc.

Thank you for supporting Samaritan House Ministries Inc! Please visit our webpage for more information on our programs. [www.samaritanhouse.net](http://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 supports  
The Resource Centre Programs

