



Changes to my existing Pre-Authorized Contribution

I/we would like to make the following change(s) to my/our existing pre-authorized contribution *(please complete only the information that needs to be changed)*:

Please debit my/our account on the:

1st 15th Both days

of each month in the amount of _____ per debit.

If your banking information has changed please include a voided cheque with this form.

NAME(S):	
ADDRESS:	
CITY/TOWN:	
POSTAL CODE:	
PHONE:	

Signature

Date

Changes to my existing Pre-Authorized Contribution

I/we would like to make the following change(s) to my/our existing pre-authorized contribution *(please complete only the information that needs to be changed)*:

Please debit my/our account on the:

1st 15th Both days

of each month in the amount of _____ per debit.

If your banking information has changed please include a voided cheque with this form.

NAME(S):	
ADDRESS:	
CITY/TOWN:	
POSTAL CODE:	
PHONE:	

Signature

Date