Shepherds of Good Hope Foundation **Monthly Giving**

I would like to help by becoming a monthly donor and donate the following amount each month:

❑ $5 ❑ $10 ❑ $20 ❑ $25 ❑ Other $

Today's Date: _____ / _____ / _____
DD MM YY

Shepherds of Good Hope FOUNDATION

Method of payment:

❑ VISA ❑ MasterCard ❑ American Express ❑ Cheque (void cheque enclosed)

Card #: _____ - _____ - _____ - _____ Expiry Date: _____ - _____

Name on Card (please print): _____

Signature: _____

❑ I authorize Shepherds of Good Hope Foundation to arrange automatic monthly withdrawals from my bank account or credit card. I may change or cancel this authorization at any time by emailing reception@shepherdsofgoodhope.com or please call Christelle Rouette at 613-789-8210 ext. 225.

Donor Information

❑ Mr. ❑ Mrs. ❑ Ms. ❑ Miss ❑ Dr. ❑ _____

First Name: _____ Last Name: _____

Address: _____

City: _____ Prov.: _____

Postal Code: _____

Phone # home: _____ work: _____

E-mail: _____

Please mail, fax, drop off or email your gift to: Shepherds of Good Hope Foundation, 233 Murray Street, Ottawa, Ontario K1N 5M9 • Fax: 613-789-0888 • email: reception@shepherdsofgoodhope.com • 613-789-8210 ext. 225 • Charitable Registration Number: 87601 7609 RR001 • An annual tax receipt will be issued for your monthly donations.

THANK YOU for your support!

Office use only:
Ph _____ Walk-in _____