



## YWCA Monthly Giving

**Yes, I wish to support YWCA Peterborough Haliburton**

With a monthly donation of \$ \_\_\_\_\_

Name: \_\_\_\_\_

Telephone (day): \_\_\_\_\_ (evening): \_\_\_\_\_

Address (home): \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

### PAYMENT OPTIONS:

- By pre-authorized debit from:
  - Chequing account (a void cheque is attached) OR
  - Visa       MasterCard

Card Number: \_\_\_\_\_ Expiry: \_\_\_\_\_

Name on Card: \_\_\_\_\_

- 1<sup>st</sup> of the month    OR     15<sup>th</sup> of the month starting the month of \_\_\_\_\_

- I agree to my donation being recognized as I appreciate that my gift may inspire others to give.

Recognition Name: \_\_\_\_\_

**OR**

- I wish my contribution to remain anonymous.

I authorize this monthly gift to be processed until further notification to the YWCA Peterborough Haliburton to discontinue payments.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

### For more information, please contact:

Tina MacFarlane, Lead, Philanthropic Operations at 705-743-3526 ext.123 or [tmacfarlane@ywcapeterborough.org](mailto:tmacfarlane@ywcapeterborough.org).

**YWCA Peterborough Haliburton**  
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