



MAHAMEVNAWA

Buddhist Monastery - Toronto

11175 Kennedy Road, Markham, Ontario, L6C 1P2, Canada
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CHARITY REGISTRATION NUMBER: 85407 9563 RR0001

Annual Contribution Fund – Enrolment Form

I want to support Mahamevnawa Buddhist Monastery – Toronto, through the annual contribution fund.

Preferred Annual Contribution Date(s): _____ (\$720 to reserve 1 day)

I/we will make the contribution for above date(s) as:

- a. One time donation ofnow, OR
- b. Monthly donation of \$..... (\$60 per month to reserve 1 day) starting(specify the month)
- c. Other (specify).....

Method of payment:

1. Cheque 2. Cash 3. Credit Card 4. PAD (Pre-Authorized Debit) – preferred for monthly donations

This donation is made on behalf of: _____ an individual _____ a business.

Personal Information		
Mr./Ms.	First Name:	
Middle Name(s):		
Last Name:		
<i>Current Address</i>		
Street No:	Apartment No:	
Street Name:		
City:	Province:	Postal Code:
<i>Telephone / Email</i>		
Tel (Home): ()		Tel (Mobile/Other): ()
E-mail:		

If Payment method is PAD, Please complete following agreement

Pre-Authorized Debit (PAD) Agreement

The debit will be processed to your account on the 15th day or 30th day of each month or the next business day.

Please debit my bank account: (attach VOID cheque)

I may revoke my authorization at any time, subject to providing notice of (Payee to insert period-not to exceed 30 days). To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca.

I have certain recourse right if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

Signature: _____

Date: _____