

Please debit my bank account: (attach VOID cheque)

MAHAMEVNAWA

Buddhist Monastery - Toronto

11175 Kennedy Road, Markham, Ontario, L6C 1P2, Canada
Phone: 905-927-7117 Email: info@mahamevnawa.ca Web: www.mahamevnawa.ca

CHARITY REGISTRATION NUMBER: 85407 9563 RR0001

Pre-authorized Debit (PAD) Agreement

I want to support (Mahamevnawa Buddhist Monastery - Toronto) through monthly donations.

	y bank account (incque,		
\$25.00	\$50.00	\$75.00	\$100.00	Other amount	(specify)
The debit will be	processed to your acco	ount on the 1 st da	ay of each mont	h or the next busin	ess day.
Personal Inf	ormation				
Mr./Ms.	First Name:				
Middle Name(s):					
Last Name:					
Current Address					
Street No:		Apartment No:			
Street Name:					
City:			Province:		Postal Code:
Telephone / Email					
Tel (Home): ()		Tel (Mobile/Other): ()			
E-mail:					
This donation is	made on behalf of:	ar	n individual	a bu	siness.
	ation form, or for more		_		period- <u>not to exceed 30 days</u>). To obtaint, I may contact my financial institutio
reimbursement f		t authorized or is	not consistent	with this PAD Agree	e, I have the right to receive ement. To obtain more information on
Signature:			Date:		