



## 2019 PRE-AUTHORIZED GIVING FORM

<b>Full Names:</b>				
<b>Box #</b>	<b>Street Address</b>	<b>Town</b>	<b>Postal Code</b>	<b>Telephone</b>
<b>EMAIL:</b>				

**QUICKFILL:**  I would like to SET UP or change Pre-Authorized Giving with IHMP, please contact me by \_\_\_\_\_ for specifics. (Just outline your name and contact!)

**OR Please fill out only the section that applies to you (Section A or Section B)**

**A.**     I would like to set up a **NEW** PAG account with IHMP

My total monthly contribution to IHMP is \$ \_\_\_\_\_ CDN funds

I would like the funds distributed as follows:

IHMP Operating Account:                    \$ \_\_\_\_\_

IHMP 'Future' Bldg Account:                \$ \_\_\_\_\_

Bank Name & Address: \_\_\_\_\_

Transit Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

(a voided blank cheque can be attached to this form to substitute for the above information)

I would like to make donations through my credit card Number: \_\_\_\_\_

Name on Card \_\_\_\_\_ Expiry \_\_\_\_\_

*I would like to begin my contribution on the 1<sup>st</sup> day of \_\_\_\_\_ (month) \_\_\_\_\_ (year). I understand that my offering will be debited from the appropriate account in one payment at the beginning of each month thereafter. I will contact IHMP if any changes should be made to my PAG Plan.*

**B.**     I would like to INCREASE my **CURRENT** PAG account with IHMP

**Please check ONE of the following:**

Increase my monthly contribution by \$ \_\_\_\_\_ for a total monthly contribution of \$ \_\_\_\_\_.

Distributed as follows: Operating Account: \$ \_\_\_\_\_ Future Bldg Account: \$ \_\_\_\_\_.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_