



# The Anchor of Hope

*Pregnancy & Family Care Centre*

135 Elgin St Box 431 Madoc, Ontario K0K 2K0 613-473-0606 anchorofhopepfcc@gmail.com

## **Automatic Monthly Donation**

I, \_\_\_\_\_ authorize an automatic monthly donation to be made from my bank account to the Anchor of Hope's bank account.

Amount = \$ \_\_\_\_\_

To be withdrawn on the 1<sup>st</sup> or 15<sup>th</sup> of each month (please circle preference)

Deposit Account: 29682 004 0372-5200946 Bank: Madoc TD

Withdrawal Account: \_\_\_\_\_ Bank: \_\_\_\_\_

(or attach a Void Cheque)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*\*Donor please return this form to the Centre to arrange donation to begin.  
Thanks so much for helping this ministry!**