



MONTHLY GIVING FORM

Donor Name/Account Holder: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

AUTOMATIC WITHDRAWAL

Donation Amount: \$ _____ Financial Institution: _____

Address of Institution: _____

Account Number: _____ Route (3-digits): _____ Transit (5-digits): _____

Frequency: Monthly Annually One Time

Date Preference: 1st of the Month 16th of the Month

Date of First Payment (year/mm/dd): _____

I hereby authorize Samaritan House Ministries Inc. to withdraw from my account as indicated above, and I have enclosed a void cheque or direct withdrawal form. To cancel, I understand that I must give 30 days notice.

Print Name: _____

Signature: _____

Date: _____

INSTRUCTIONS:

1. Complete this form and mail or deliver to the Samaritan House Resource Centre located at 820 Pacific Avenue.
2. Please include a void cheque or a completed direct withdrawal form from your bank.

Thank you for supporting Samaritan House Ministries!

Resource Centre
820 Pacific Avenue
Brandon MB R7A 0J1
204-726-0758

Training Centre
1610 Pacific Avenue
Brandon MB R7A 7L9
204-727-1268

Employment Resource Centre
136 11th St
Brandon MB R7A 4J4
204-717-3503



United Way
Brandon & District