



Thank you for supporting Yonge Street Mission!

Please send the completed form via email, mail or fax to:
306 Gerrard Street East
Toronto, ON M5A 2G7
Phone: 416-929-9614
Fax: 416-929-7204
Email: info@ysm.ca

Date: _____

Name: _____ (Receipt will be mailed to the address below)

Address: _____

City: _____ Prov: _____ Postal Code: _____

Email: _____ Phone: _____

Type of Gift (please choose one):

Donation towards the area of greatest need Towards (specific program): _____

Gift in Honour of (Name of individual(s)): _____ Occasion: _____

Gift in Memory of (Name of the deceased): _____

Send an acknowledgement card to: Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Card signed (name or names): _____

One Time Gift Payment Method (choose payment type below):

Enclosed is my cheque in the amount of \$_____ payable to Yonge Street Mission

Please charge \$_____ to my credit card Visa MasterCard AMEX

Name on the card: _____

Card #: _____ Expiry: _____

Signature: _____

Monthly Gift Payment Method (choose payment type below):

Automatic Bank Withdrawal. I authorize my bank to transfer the amount of \$_____ each month.

Please make the transfer on the 1st or 16th of each month. **Please include a VOID cheque**

Authorizing Signature: _____

Please charge \$_____ to my credit card Visa MasterCard AMEX

Name on the card: _____

Card #: _____ Expiry: _____

Signature: _____

I understand that I may revoke my authorization at any time, subject to providing 30 days' written notice to The Yonge Street Mission by mail at the address above or email to info@ysm.ca. I have certain recourse rights 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 PAG agreement. To obtain more information on my right to cancel this PAG Agreement (my recourse rights), or to obtain a sample cancellation form, I may contact my financial institution or visit www.odnpay.ca