



DONATION FORM

To make a donation via credit card, please visit pillarnonprofit.ca/donate

DONATION INFORMATION

\$1,000 \$500 \$100 \$50 \$25 Other: \$ _____

I would like my donation to be attributed to:

Highest priority needs (Innovation Fund) Other: _____

TYPE OF GIFT

- Cash / Cheque** (please make cheque out to Pillar Nonprofit Network).
- Electronic Funds Transfer** (please send to accounting@pillarnonprofit.ca. Note that Pillar Nonprofit Network is set up for auto-deposits and no security questions are required).
- Monthly Donation** via pre-authorized debit. **Please complete both pages of form if you choose this option.**

DONOR INFORMATION (required for tax or business receipts):

Donor Name: _____

Organization (if applicable) _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

- I would like my donation to be anonymous.
- I would like my tax or business receipt to be emailed to me at the email above.

IN MEMORY/IN HONOUR GIFTS

- In honour of: _____
- In memory of: _____
- I would like a card to be sent to the following:

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Message to be included with card:

Please mail this completed form to Pillar Nonprofit Network.

All information is confidential. Donations of \$20 or more are eligible to receive a charitable tax receipt, unless otherwise requested.

Registered Charitable Number: BN: 863419933RR0001

Pillar Nonprofit Network c/o Innovation Works, 201 King St, London, ON N6A 1C9
Phone: 519-433-7876 email: donate@pillarnonprofit.ca website: www.pillarnonprofit.ca

FOR OFFICE USE ONLY		
Date Received: _____	Received By: _____	Fund: _____



STEP TWO: SET UP PRE-AUTHORIZED DEBIT FOR MONTHLY DONATIONS

I/we would like to request/authorize Pillar Nonprofit Network to debit my/our account on the ____ day of every month, starting _____ of _____ (month) (year).

MONTHLY DONATION INFORMATION

\$100/m \$50/m \$25/m \$10/m \$5/m Other: \$ _____

Canadian Bank or Financial Institution Name: _____

Branch Address: _____

Account #: _____ Transit #: _____ Financial Institution #: _____

PLEASE INCLUDE A VOID CHEQUE WITH THIS FORM

I/we have read, understood, and agreed to the following:

- By signing this agreement, I/we authorize Pillar Nonprofit Network to debit my/our account as indicated on the **attached VOID cheque**.
- Each payment shall be the same as if I had personally issued a cheque authorizing the bank to pay Pillar Nonprofit Network as indicated and to debit the amount specified to my account.
- I/we can change the amount of my/our contribution at any time by contacting Pillar Nonprofit Network via email at donate@pillarnonprofit.ca or by calling them at 519-433-7876 x 219.
- I/we will notify Pillar Nonprofit Network in writing of any changes in the account information or termination of this authorization at least 30 days prior to the next scheduled date of the preauthorized debit.
- I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this authorization. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.
- I/we understand that I/we will be sent a **consolidated** tax receipt in **February** each year that includes all monthly donations that were made the previous calendar year.

Signed: _____ Dated: _____

Signed: _____ Dated: _____
(if applicable) (if applicable)

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