



### Monthly Giving Authorization Form

When you become a monthly donor to Rose of Sharon, you provide care, support and hope to vulnerable young mothers and their children throughout the year.

Rose of Sharon is pleased to offer pre-authorized credit card monthly donations.

With your authorization below, we will process your monthly donations automatically through your credit card.

I authorize Rose of Sharon to debit \$\_\_\_\_\_ on the 15<sup>th</sup> day of each month beginning \_\_\_\_\_, \_\_\_\_\_.  
month year

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Credit Card** I would like my monthly donation charged to (*circle one*):

☐ Visa ☐ Mastercard

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

Thank you for your donation. Please fax completed form to (905) 853-5949, mail to Rose of Sharon, 361 Eagle Street, Newmarket, Ontario, L3Y 1K5 or scan and send to [CGladneyHatcher@roseofsharon.com](mailto:CGladneyHatcher@roseofsharon.com).

You may make adjustments to your pledge or suspend your participation at any time by contacting us at 905-853-5514 or by email at [CGladneyHatcher@roseofsharon.com](mailto:CGladneyHatcher@roseofsharon.com).

As a monthly donor, you will receive one year-end charitable tax receipt for your year's gift total. All donations to Rose of Sharon will be receipted in accordance with the rules and regulations set out by the Canada Revenue Agency.

**Rose of Sharon Registered Charity Number 13323 5903 RR0001**