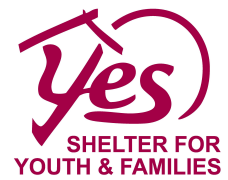


# YES Shelter for Youth and Families: Monthly Donation Direct Debit Form



I authorize a donation of \$ \_\_\_\_\_ per month from my:

Bank Account (attach void cheque)

Credit Card

Name on Card:

Card Number:

Card Expiry:

Card CVC:

I would like to donate for the following number of months:

I wish donations to start:

Immediately

Specific Time/Date

If you selected specific time/date for the question above, please fill in what month and year you would like your monthly donations to start (month/year):

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Your First and Last Name:

Address:

Email Address:

Telephone Number:

Signature:

Date:

I would like to receive information about developments at YES and upcoming events

Yes

No

I allow my name to be recognized as a donor in print and electronic publications

Yes

No

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*Please send a signed copy of this form back to the YES Shelter for Youth and Families via mail, fax or email.*

**YES Shelter for Youth and Families**

196 Brock Street, Peterborough, ON, K9H 2P4

Phone: 705-748-3851 Fax: 705-748-6697

Email: [admin@yesshelter.ca](mailto:admin@yesshelter.ca)

\*We will provide a tax receipt for all donations over \$20.

*We respect your privacy. We protect your personal information and adhere to all federal and provincial privacy legislation. The personal information you share with us will be used to process your donation and to communicate with you about our work. It will not be sold, traded, or rented to any other organization.*