



JOIN OUR COMMUNITY OF SUPPORT MONTHLY DONOR FORM

PERSONAL INFORMATION

Name: _____ Phone Number: _____

Mailing Address: _____

Email: _____

- I would like to be added to the CCSS email list.
 I would like to become a member of CCSS.

DONATION OPTIONS (You can cancel, pause or change your monthly donation at any time).

- \$10/month
 \$25/month
 \$50/month
 Other (please specify) \$ _____/month

I WOULD LIKE MY DONATION TO BE USED FOR :

- _____ Healthy Lunch Program
_____ Inclusive After-School & Community Programs
_____ Food Share (our Village's Food Bank)
_____ Wherever it's needed most

PRE-AUTHORIZED DEBIT (For Monthly Donations)

Please attach a VOID cheque or Direct Deposit Instructions from your bank.

Signature: _____ Date: _____

I hereby authorize my bank to charge my account on the 15th of each month and pay the Cumberland Community Schools Society the amount shown above. This authorization shall be the same as if I personally signed a cheque to Cumberland Community Schools Society. I may change or cancel my authorization at any time with written or email notification to Cumberland Community Schools Society.

Donations can be mailed to the address below. You can also become a monthly donor online via canadahelps.org

A tax receipt will be issued for all donations. For monthly donors, official tax receipts are issued in February for the total year's donation.
CCSS respects the privacy of its donors; we do not sell, rent or trade our donor lists.

Cumberland Community Schools Society
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Charitable # 86632 6994 RR0001