

## COMMUNITY LIVING CHATHAM-KENT MONTHLY GIVING PLAN APPLICATION

- I would like to support the work of Community Living Chatham-Kent throughout the year by becoming a monthly donor.
- Chequing Account Authorization
- Credit Card Authorization

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Signature

I hereby authorize Community Living Chatham-Kent to deduct

\$10    \$20    \$30    \$ \_\_\_\_\_

from my chequing account on the first of each month. I understand that I may cancel this arrangement in writing at any time.

**Please enclose a cheque marked "Void" so that we may make arrangements with your bank.**

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Signature

I hereby authorize Community Living Chatham-Kent to charge

\$10    \$20    \$30    \$ \_\_\_\_\_

to my credit card on the first of each month. I understand that I may cancel this arrangement in writing at any time. Please charge my  Visa    Mastercard

Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_