



MONTHLY GIVING PLAN APPLICATION

I would like to support the work of Community Living Chatham-Kent throughout the year by becoming a monthly donor

I would like to make a monthly gift of: \$50 \$20 \$10 Other _____

Credit Card Authorization

I authorize Community Living Chatham-Kent to charge the donation indicated above to my credit card each month.

VISA MASTERCARD

Card Holder Name _____

Card # _____ Expiry Date _____

3-digit CV Code# (reverse side) _____

Telephone Number _____

.....
Signature

Chequing Account Authorization

I authorize Community Living Chatham-Kent to charge the donation indicated above from my bank account each month. I've enclosed a cheque marked "VOID".

.....
Signature