

# First Light Foundation of Hope Monthly Partners

253 Simcoe St S, Oshawa, ON L1H 4H3

For further information, please call (289) 481-2032  
Registered charity # 744589680 RR 0001



Yes, I'd like to join as a monthly partner to help First Light Foundation of Hope give more people a new start in life.

**1** I'd like to support you with:

- \$25 per month
- \$50 per month
- \$ \_\_\_\_\_ per month
- \$ \_\_\_\_\_ one-time gift

## PLEASE COMPLETE REVERSE SIDE

**2** Here's my name and information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Prov/State \_\_\_\_\_ PC/Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

My birthday is:  
DA \_\_\_\_\_ MO \_\_\_\_\_ YR\* \_\_\_\_\_

Why? We like to honour our friends on special occasions! \*Year is optional.

Please choose the following:

**3 PRE-AUTHORIZED CHEQUING**

to be withdrawn on the  1st or the  
 15th day of each month.

Please attach a **VOID cheque** if donating by pre-authorized chequing.

**4 CREDIT CARD MONTHLY**

Please debit my  
 VISA  MasterCard

\$ \_\_\_\_\_ per month

to be withdrawn on the  
 1st or the  15th day of each month.

\_\_\_\_\_  
Cardholder Name

\_\_\_\_\_  
Credit Card #

\_\_\_\_\_/\_\_\_\_\_  
Expiry Date CVV

**5** Please sign below to authorize.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I hereby authorize First Light Foundation of Hope to withdraw the above noted donation amount as indicated each month. I understand this authorization may be cancelled at any time by contacting our office. Tax receipts issued annually.

**Please complete and send to:  
info@foundationofhope.ca**

**First Light Foundation of Hope**  
253 Simcoe St S, Oshawa, ON L1H 4H3

FoundationofHope.ca