



**CORNERSTONE
FOUNDATION**
A Journey of Hope

Cornerstone Housing
for Women Foundation
172 O'Connor Street
Ottawa, ON K2P 1T5
Phone: 613-237-4669
Fax: 613-237-5659
www.cornerstonewomen.ca

Date: _____

Please debit my bank account monthly in the amount of \$ _____ in fulfillment of my pledge of \$ _____

(attach a cheque for the bank account you wish to use marked VOID)

The debit will be processed to your account on the 14th and 28th of each month or the next business day.

Signature: _____

Donor Name: _____ (please print)

Address/Contact Information:

Street and number _____

City/ province: _____ Postal Code: _____

Phone number: day: _____ Evening _____

This donation is made on behalf of: _____ an Individual _____ a Business

I may revoke my authorization at any time, subject to providing notice of 14 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca.

If you have any questions, please contact us at
Cornerstone Housing for Women Foundation
Attn: Carol Burrows, Campaign Chair
172 O'Connor Street, Ottawa, ON K2P 1T5
Tel: 613-746-1763 or email: cjrburrows@sympatico.ca

Or the Campaign Director
Betsy Clarke
Tel: 1-613-722-3304 or E-mail: Betsy@betsyclarke.ca

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.