



Monthly Giving Authorization Form

When you become a monthly donor to Rose of Sharon, you provide care, support and hope to vulnerable young mothers and their children throughout the year.

Rose of Sharon is pleased to offer pre-authorized credit card monthly donations.

With your authorization below, we will process your monthly donations automatically through your credit card.

I authorize Rose of Sharon to debit \$ _____ on the 15th day of each month
beginning _____, _____.
month year

Name: _____

Street Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone Number: _____ Email Address: _____

CREDIT CARD I would like my monthly donation charged to (*check one*):

Visa Mastercard

Card Number: _____ Exp. Date: _____ / _____

Name on Card: _____ Signature: _____

Thank you for your donation!

Please mail completed form to Tamara Dubey at Rose of Sharon, 361 Eagle Street, Newmarket, Ontario, L3Y 1K5 or scan and send to TDubey@roseofsharon.com.

You may make adjustments to your pledge or suspend your participation at any time by contacting us at 905-853-5514, ext. 226 or by email at TDubey@roseofsharon.com.

As a monthly donor, you will receive one year-end charitable tax receipt for your year's gift total. All donations to Rose of Sharon will be receipted in accordance with the rules and regulations set out by the Canada Revenue Agency.