



**INNER CITY  
OUTREACH**

# MONTHLY DONATION FORM

Give safely and securely direct from your bank account through pre-authorized debit.

I/We, \_\_\_\_\_, request and authorize UCC PAR\* to debit my/our account on the 20th of every month in the amount of \$\_\_\_\_\_ starting on the 20th of \_\_\_\_\_ (start month), This contribution is made in support of INNER CITY OUTREACH (4545 Jane St, Toronto, M3N 2K7) This contribution by me/us is to benefit community programs.

This donation is made by (check one):  individual(s)  business

For tax receipting purposes:

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

- I we may change the amount of the contribution at any time by contacting our PAR contact.
- I we 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 PAR agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)
- I waive my right to receive pre-notification of the amount of the Pre-Authorized Remittance (PAR) and agree that I do not require advance notice of the amount of PAR before the debit is processed.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please attached a VOID cheque or bank account verification letter.

E-mail to: [info@innercityoutreach.ca](mailto:info@innercityoutreach.ca)

**FOR OFFICE USE:**

NAME: Inner City Outreach  
PAR organization #: 5100189  
Name of PAR contact: Audrey Chia  
E-mail: [info@innercityoutreach.ca](mailto:info@innercityoutreach.ca)  
Phone: 416 650 0991

\*UCC PAR is the United Church of Canada Pre-Authorized Remittance program.

**THANKS FOR PARTNERING WITH US!**