



Supporting families and individuals with special needs
BN 83890 9521 RR0001

www.peacehaven.ca

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DONATION / MEMBERSHIP FORM

Name: (Please Print) _____ Date: _____

Home Address: _____

Business Name/Address: _____

Tel. _____ Fax: _____

Email: _____ Church Affiliation: _____

CONTRIBUTION PLAN

- One-time Donation Amount _____
- Post-Dated Cheques Amount: _____
- Monthly Automatic Chequing (fill in below) Amount: _____

Annual Membership - Payment of annual membership dues entitles the donor to all voting rights and privileges according to the By-Laws and Policies of Peace Haven.

- Individual: \$15.00 monthly or \$180.00 annually Amount: _____
- Family: \$20.00 monthly or \$240.00 annually Amount: _____
- Other (Specify) _____ Amount: _____

AUTOMATIC CHEQUING

I hereby authorize Peace Haven Free Reformed Association, to draw from my account on the 16th day of each month for payment until further notice

In the amount of _____ / per month.

Signed: _____ Date: _____

Please enclose or attach your first cheque marked VOID across its face. With this authorization and from the information recorded on this personal cheque, we will process all future monthly donations automatically. No further cheques are required. This authorization may be cancelled at any time followed by written notice.

Please make all cheques payable to: PEACE HAVEN FREE REFORMED ASSOCIATION

Mail to: Henrietta Naves, Treasurer, 6 Oneida Drive, Brantford, ON N3S 7X8

Tel. 519 647-9846

Email: peacehaventreas@gmail.com