



DONATION/MEMBERSHIP FORM

Name: (Please Print) _____ Date: _____

Home Address: _____

Business Name/Address: _____ Church Affiliation: _____

Tel. _____ Email: _____

CONTRIBUTION PLAN

One-time Donation - Amount: _____

Monthly Pre-authorized Withdrawal (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. (Membership limited to FRC members.)

Individual: \$20.00 monthly or \$240.00 annually - Amount: _____

Family: \$30.00 monthly or \$360.00 annually - Amount: _____

PREAUTHORIZED WITHDRAWAL

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 include a VOID cheque or Preauthorized Direct Withdrawal Authorization Form from your bank. We will process all future monthly donations automatically. This authorization may be cancelled at any time by giving written notice.

Please make all cheques payable to: PEACE HAVEN FREE REFORMED ASSOCIATION. Mail to: Patricia Kroesbergen, Treasurer. 6 Oneida Drive Brantford ON N3S 7X8

Email and E-TRANSFER: peacehaventreas@gmail.com

Phone number: (519) 767-7607