## **Give to Grace Warman**



## **Basic Information**

All fields required After filling out the attached basic information, please indicate how you'd like to give. I would like to give... NAME A recurring gift of: on the 1st of every month **ADDRESS** on the 16th of every month on the 1st and the 16th of every month CITY Financial Institution Number (3 digits) **PROVINCE** Transit (Branch) Number (5 digits) POSTAL CODE Account Number (7-12 digits) I will attach a void cheque **EMAIL ADDRESS** I/we authorize Grace Warman to withdraw money from my/our bank account in accordance with the amount and frequency indicated above. I/we understand that this authorization may be cancelled or changed by me/us at any time. I/we have attached a VOID cheque (if applicable) for my/our account that will be used for automatic withdrawals. PHONE NUMBER All contributors will receive an annual giving statement for tax purposes Signature

**Giving Options** 

## Done with the form?

- 1. Email a digital version to warman.finances@gracesask.com or
- 2. Mail it to:

Grace Warman 627 Evergreen Terrace Warman, SK SOK 4S2



warman.gracesask.com 306.227.6652 warman.finances@gracesask.com