

Date: _____

Monthly Giving Plan

(Please Print Clearly)

THANK YOU for supporting Tyndale University through the Monthly Giving Plan.

Please complete the form below and mail to: The Tyndale Foundation, 3377 Bayview Ave, Toronto, Ontario, M2M 3S4

Title: _____ First Name: _____ Last Name: _____

 Address: _____
(Street) (City) (Province) (Postal code)

 Email: _____ Tel: (____) _____ (____) _____
Home Business

 Amount: _____ Designation: Tyndale's Greatest Need Annual Fund Scholarships & Bursaries
 Capital Campaign Other: _____

To begin a monthly payment plan, please sign agreement below:

 Option A: Bank Withdrawal Plan

I have included a "Void" cheque and I authorize the Tyndale Foundation to deduct my monthly gift of \$ _____ beginning in _____ (month) on the 1st/15th (or next business day) of the month.

Please include signature(s) as required on cheques issued against this account.

 SIGNATURE

 DATE

 Option B: Credit Card Plan

I authorize the Tyndale Foundation to charge my monthly gift of \$ _____ beginning in _____ (month) on the 1st/15th (or next business day) of the month.

 Method of Payment: Visa M/C

 CARD NUMBER

 EXPIRY DATE

 NAME ON CARD

 SIGNATURE

Receiving Preference: Monthly Annually

Thank you for supporting the work and ministry of Tyndale University. Please contact us about any questions you have about your donation. To cancel your monthly contributions at any time, we request notice of at least 30 days in advance of your processing date.

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursements for any debit that is not authorized or is not consistent with this pre-authorized debit agreement. To obtain more information on your right to recourse or cancellation, or to obtain sample cancellation forms, you may contact your financial institution or visit www.cdnpay.ca.

Your personal contact information will only be used for income tax receipting, and to inform you of special events and giving opportunities at Tyndale. If you do not wish to be included on our mailing list, please indicate by checking the box below.

I do not wish to be included on the Tyndale mailing list.

**For more information or to report any changes to your contact information,
 simply call us at 416.226.6620 ext. 4105 or e-mail us at foundation@tyndale.ca with your request.**