

# Morden Community Centre



*Building community  
dreams together . . .*



## Town of Morden

**"Providing a Healthy, Safe, and Welcoming Community"**

### Donor Information (please print)

Name	
Billing address	
City/Town	
Province	
Postal Code	
Telephone (home)	
Telephone (business)	
E-mail	
Do you wish to specify a project of choice?	

### Pledge Information

I (we) pledge a total of \$\_\_\_\_\_ to be paid:  
\_\_\_\_ now \_\_\_\_ \*monthly \_\_\_\_ quarterly \_\_\_\_ yearly.

*(\* monthly contributions are accepted by automatic withdrawals, Visa or MasterCard)*

I (we) plan to make this contribution in the form of:

\_\_\_\_ cash \_\_\_\_ cheque \_\_\_\_ Visa or MasterCard\* \_\_\_\_ automatic withdrawals\*  
*(\*please see reverse side of pledge form)*

### Acknowledgement Information

I (we) consent to public acknowledgement of the pledge  Yes  No

If YES, please use the following name(s) in all acknowledgements (please print):

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I (we) wish to keep our pledge amount confidential  Yes  No

I (we) wish to have our gift remain anonymous  Yes  No

### Authorization

Signature(s)
Date (day/month/year)

Please make cheques payable to:

**Town of Morden**  
**100 – 195 Stephen Street**  
**Morden, Manitoba R6M 1V3**

*Thank you for your support!*

**TERMS & CONDITIONS for Credit Card & Automatic withdrawals:**

- Automatic withdrawals will be made on a monthly basis on the tenth of each month for the amount and months specified by the contributor.
- A minimum of 6 months of withdrawals (and maximum 36 payments ending no later than .....)
- One month written notice is required for cancellation, bank account changes and address changes.
- A "Non Sufficient Funds" returned request from the bank will cancel the contributor's plan. Re-application is required for future contributions.
- Donation receipts will be issued by January 31 for the prior year's contributions received to the contributor's address stated on the application form.

The Town of Morden reserves the right to cancel your payment plan at any time.

Please call 822-5431 if you have any questions regarding the plan.

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**MORDEN COMMUNITY CENTRE CONTRIBUTION PLAN - CREDIT CARD**

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I/We hereby authorize the Town of Morden to make monthly payments with my Credit Card for the Community Centre project. *(I hereby waive protest, presentation and notice of dishonour.)*

Name of Credit Card holder: \_\_\_\_\_

Credit Card type:  Visa  MasterCard

Credit Card#

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Expiry Date: \_\_\_\_/\_\_\_\_  
Month Year

START DATE OF CONTRIBUTIONS: \_\_\_\_\_

NUMBER OF CONTRIBUTIONS: \_\_\_\_\_

CONTRIBUTION AMOUNT: PER MONTH: \_\_\_\_\_ TOTAL: \_\_\_\_\_

SIGNATURE/S (as required on credit card account):  
\_\_\_\_\_

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**MORDEN COMMUNITY CENTRE CONTRIBUTION PLAN - BANK ACCOUNT**

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I/We hereby authorize the Town of Morden to withdraw funds from my bank account for monthly payments for the Morden Community Centre project. *(I hereby waive protest, presentation and notice of dishonour.)*

Bank Branch # \_\_\_\_\_ Bank Transit # \_\_\_\_\_

Bank Account #: \_\_\_\_\_

START DATE OF CONTRIBUTIONS: \_\_\_\_\_

NUMBER OF CONTRIBUTIONS: \_\_\_\_\_

CONTRIBUTION AMOUNT: PER MONTH: \_\_\_\_\_ TOTAL: \_\_\_\_\_

SIGNATURE/S (as required on cheques issued against account):  
\_\_\_\_\_

**\*\*\*PLEASE ATTACH A SAMPLE CHEQUE MARKED "VOID". \*\*\***

Return to: Community Services Department, Town of Morden  
100 – 195 Stephen Street, Morden, MB R6m 1V3  
Or drop off at the Community Services office (open Monday to Friday, 8:30-4:30).