



SANATAN HINDU CULTURAL SOCIETY

CRA# 83861 7231 RR0001

Website: www.shcscalgary.com

Email: info@shcscalgary.com Phone # 1-403-351 SHCS (7427)

Facility Address: 705 4656 Westwinds Drive NE

Calgary AB T3J 3Z5

DONOR FORM

FULL NAME

TELEPHONE

ADDRESS

CITY

PROVINCE

POSTAL CODE

EMAIL ADDRESS

MOBILE NO

PAYMENT INFORMATION

PAYMENT AMOUNT:

METHOD OF PAYMENT

CHECK

CREDIT CARD

E-TRANSFER TO. shcs.calgary@gmail.com

AUTOMATED PAYMENT

IF YOU ARE OPTING FOR AUTOMATED PAYMENT, PLS. PROVIDE BANK ACCOUNT INFORMATION

INSTITUTION: Please enclose a void cheque OR give the following details

BANK'S NAME	INSTITUTION NUMBER	TRANSIT NUMBER	BANK ACCOUNT NUMBER
TWELVE DIGIT ACCOUNT NUMBER			
BRANCH ADDRESS			

Sponsorship Opportunities** (donation over \$25 will be eligible for CRA tax receipt)

Facility Renovation – Altar Area/ Kitchen/ Washrooms/Furniture	\$ _____
Communication Systems – Computer/ Speakers/Mic Systems.	\$ _____
Free Food Serving for Needy	\$ _____
Event Sponsorship- Name of Event : _____	\$ _____
OTHER – Specify : _____	\$ _____

PLS. CHECK BOX BELOW IF OPTING FOR AUTOMATED PAYMENT

I AUTHORIZE "SANATAN HINDU CULTURAL SOCIETY (SHCS)" AND SCOTIABANK TO DEBIT MY BANK ACCOUNT FOR PAYMENT AS INDICATED ABOVE. I WILL NOTIFY "SHCS" IN WRITING IF I CLOSE OR MAKE OTHER CHANGES TO MY ACCOUNT. I MAY CANCEL THIS AUTHORIZATION AT ANY TIME IN WRITING TO "SHCS" AT LEAST 10 BUSINESS DAYS BEFORE THE NEXT DEBIT SCHEDULED AT THE ADDRESS ABOVE. HOWEVER, I AM STILL RESPONSIBLE FOR MY CONTRACT OBLIGATIONS TO "SHCS, Calgary".

AUTHORIZED BY: _____ DATE _____