

### Authorization for Automatic Bank Account Withdrawal

(Please note: bank account donations may take 2 to 4 weeks for processing.)

Full Name:

Street Address:

City:  Province:  Postal Code

Email:

Telephone:  ( )  Fax:  ( )

Bank Name and Address: \_\_\_\_\_

Branch #: \_\_\_\_\_ Account #: \_\_\_\_\_

Amount of withdrawal: \$ \_\_\_\_\_

Frequency: Monthly, on the  1<sup>st</sup> or  15th of each month

***I authorize the Stephen Lewis Foundation to debit my bank account as indicated above.***

Date: \_\_\_\_\_ Signature \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHEQUE**

If this donation is in honour of someone:

**In Honour of Name:** \_\_\_\_\_

Address of Honouree: (for a tribute letter to be sent):  
\_\_\_\_\_  
\_\_\_\_\_

If this donation is in memory of someone\*:

**In Memory of Name:** \_\_\_\_\_

Address of Family: (for a memorial letter to be sent):  
\_\_\_\_\_  
\_\_\_\_\_

**Office Use Only**

Received \_\_\_\_\_  
Processed \_\_\_\_\_  
TYSent \_\_\_\_\_  
Payment \_\_\_\_\_  
Batch \_\_\_\_\_

*\*Families often request the addresses of those who donated in memory of their loved one in order to send a thank you. Please indicate if you would prefer that we not release this information to them.*

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