

**Agapè Centre Food Bank & Soup Kitchen
Monthly Donation Form**

Please make out your cheque to:
Agapè Centre, 40 Fifth St. W., Cornwall, ON K6J 2T4 Tel: (613) 938-9297

Name: _____ Phone: _____

Address: _____ City: _____ Postal Code: _____

Fight poverty and Help Local people in Need each month.

I want to help local people in Need each month.

I would like to give a monthly donation of:

\$15.00 \$20.00 \$30.00 \$50.00 Other \$ _____

I authorize Centre Agapè Centre to charge the above amount to my account on the 20th day of each month. I may change the amount or cancel my monthly contribution at any time by notifying the Centre Agapè Center. Income tax receipts for your monthly contribution will be issued at the end of the year. Charitable Registration # R 13152 1163 RR0001

Signature: _____ Date: _____

Please enclose a void cheque with the gift form and send to The Agapè Centre.



Thank you for your support.

Donations are tax deductible and will be acknowledged.