

Preauthorized Donations

Please fill in clearly and attach a blank cheque marked "VOID"

Return to:

Hughson Street Baptist Church

383 Hughson St N

Hamilton ON L8L 4N2

First Name

Last Name

Street Address

Postal Code

Home Telephone

Growth Fund \$ _____

General Fund \$ _____

I hereby authorize Hughson Street Baptist Church to draw the amount indicated above on the 15th of each month beginning _____ (month) of _____ (year). I understand that this authorization may be cancelled at any time upon written notice.

Signature(s) as required on cheques issued against this account

Second signature if required

Today's date