



Pre-Authorized Donation Form

Name: _____

Address: _____

City, Province: _____

Postal Code: _____

I authorize the Actors' Fund of Canada to debit my bank account the amount of \$ _____

As a one-time gift, OR

ANNUALLY
Starting _____ (day), _____ (month), _____ (year)
and Ending _____ (day), _____ (month), _____ (year)

OR Until I advise in writing to stop.

MONTHLY
Starting _____ (day), _____ (month), _____ (year)
and Ending _____ (day), _____ (month), _____ (year)

OR Until I advise in writing to stop.

WEEKLY
Starting _____ (day), _____ (month), _____ (year)
and Ending _____ (day), _____ (month), _____ (year)

OR Until I advise in writing to stop.

Bank Name: _____

Branch No. _____

Account No. _____

Signature: _____

Today's Date: _____

PLEASE ATTACH A VOID CHEQUE

Please add me to the Actors' Fund Mailing List
Email address: _____

RETURN THIS FORM TO:

The Actors' Fund of Canada - 1000 Yonge Street, Suite 301 Toronto, ON M4W 2K2
contact@actorsfund.ca / Tel: 416.975.0304 / Toll-Free: 1.877.399.8392 / Fax: 416.975.0306