



Winnipeg Centre Vineyard Pre-Authorized Withdrawal

Please print:

Donor Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Phone: _____

Email: _____

Pre-Authorized Withdrawal

Bi-Monthly Donor

1st 15th last day of the month

Please specify 2 dates

Amount \$ _____

Starting Date : _____

Monthly Donor

1st or 15th or last day of the month

Please specify 1 date

Amount \$ _____

Starting Date : _____

IMPORTANT: PLEASE INCLUDE VOIDED CHEQUE

Your gift is tax-deductible in Canada

Signature: _____

Thank-you for your generosity.