



MARTHA RETREAT CENTRE
REST • REFLECT • RENEW

403-328-3422
1130 Scenic Drive S.
Lethbridge, AB T1K 7J1
martharetreatcentre.ca

Automatic Giving Request/Change

Start automatic withdrawal

Change automatic withdrawal

One-time gift

Withdrawal day (1-28)

, start date

To: Martha Retreat Centre Society, 1130 Scenic Drive South, Lethbridge, AB T1K 7J1

From: _____ \$ _____
Account Holder's Name Withdrawal Amount

Address

City

Province

Postal Code

Phone Number

Account Number

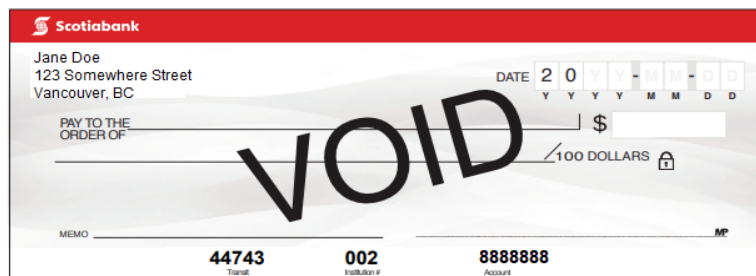
I authorize this automatic payment \$ _____ to be debited from my account each month to support the life of the Centre.

To discontinue this agreement, I understand I must notify Martha Retreat Centre at least 2-weeks prior to the next upcoming debit date. My signature confirms my authorization to debit my account until further notice:

Signature

Date

Please attach a void cheque (unsigned) to this form or fill in the transit, institution and account below



Transit 5 numbers

Institution 3 numbers

Full Account Number as printed on your cheque

Email: director@martharetreatcentre.ca

Website: martharetreatcentre.ca

Charitable Number: 79856 3532 RR0001