



***I wish to Support the Western Institute for the Deaf and Hard of Hearing through regular monthly donations!***

**PILLAR PLAN**

Make your donations on a monthly basis to WIDHH. By joining the Pillar Plan, you will automatically become a member for as long as you are on the Pillar Plan and will receive a tax receipt at the end of the year. Payments are due on the 1<sup>st</sup> or 15<sup>th</sup> day of the month.

**Please debit my bank account: (*attach your VOID cheque*)**

**\$100      \$200      \$250      \$500      Other Amount \$\_\_\_\_\_ (*please specify*)**

***I would like this donation debit to be processed through my account on the:***

1<sup>st</sup> day of each month    **or**     15<sup>th</sup> day of each month

Signature: \_\_\_\_\_  
\_\_\_\_\_

Date:

Name: \_\_\_\_\_ (*please print*)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**This donation is made on behalf of:  an Individual or  a Business**

*By signing this form, I am giving my consent for WIDHH to make pre-authorized withdrawals from my account.*

*I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)*

*I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca.2](http://www.cdnpay.ca.2)*

Western Institute for the Deaf and Hard of Hearing  
2125 West 7<sup>th</sup> Avenue, Vancouver, BC, V6K 1X9  
Please make cheques payable to WIDHH.