



WESTERN INSTITUTE FOR THE DEAF AND HARD OF HEARING

PILLAR PLAN DONATION FORM

Thank you for your donation to the Western Institute for the Deaf and Hard of Hearing. Please complete this form and mail it in with your donation to:

The Western Institute for the Deaf and Hard of Hearing
2125 West 7th Avenue
Vancouver, BC V6K 1X9

I would like to join the Pillar Plan and contribute on a monthly basis to WIDHH. By joining the Pillar Plan, I will automatically become a member for as long as I am on the plan. I will receive a tax receipt at the end of the year for my contributions. I have enclosed a cheque marked void and have signed this agreement form. Deductions will be made on the first of each month.

Donor Information

Name: _____ Address: _____

City: _____ Prov/Postal Code: _____

Contact Number: _____ E-Mail Address: _____

Amount of Donation:

\$20 \$15 \$10 \$5

Please start deductions on: _____
Month / Year

Name of Bank/Institution No.: _____

Location of Bank/Transit No.: _____

Chequing Account No.: _____

I would like to charge my Visa Mastercard

Credit Card Number: _____ Expiry Date: _____

Name on Credit Card: _____

I hereby authorize the Western Institute for the Deaf and Hard of Hearing to make automatic MONTHLY withdrawals from my bank account or by credit card as indicated. I understand that I may cancel this authorization at any time by simply contacting The Western Institute for the Deaf and Hard of Hearing.

Signature: _____ Date: _____

**Western Canada's largest agency serving Deaf and Hard of Hearing citizens.
Since 1956**