

Eatonia Oasis Living Inc.

NAME: _____

ADDRESS: _____

TOWN/CITY: _____ POSTAL CODE: _____

PRIMARY PHONE: _____ OTHER PHONE: _____

EMAIL: _____

Donation receipts will be issued; all donations are tax deductible.

Charitable # 86907 4492 RR0001

Tax receipt issued to _____

(If different from above)

Option A: One Time Donation

- I would like to make a \$_____ Cash or Cheque (please circle) contribution to EOL.
Please make cheques payable to Eatonia Oasis Living Inc.

Option B: Split Donation (some now and some later)

- I would like to make a \$_____ contribution to EOL now and pledge \$_____ to
be paid _____ (date/year).
Please make cheques payable to Eatonia Oasis Living Inc.

Option C: Pre Authorized Debit (directly from your account)

- I have included a cheque marked "VOID" to show you the account to be used.
I authorize EOL to deduct my monthly donation of \$_____ beginning in:
_____ (month/year) on the 1st 15th Other _____
Please complete the Pre-Authorized Debit (PAD) Agreement.
I maintain the right to cancel this direct debit any time by contacting Eatonia Oasis
Living Inc. and providing 30 days' notice before payment is to be made.