



YES! I WANT TO SUPPORT LPBLT THROUGH MONTHLY DONATIONS.

Donor Contact Information

Name _____
Phone Number _____ Email Address _____
Address _____
City _____ Prov. _____ Postal Code _____

Please debit my bank account

\$25 \$50 \$100 Other \$ _____

The debit will be processed on the 1st day of each month or the next business day.

Payment Information

Pre-authorized bank withdrawal

Financial Institution Name (FI) _____
Account Number _____
Transit Number _____ Branch (5 digits) _____ FI (3 digits) _____

Or attach a blank cheque marked VOID

Credit card payment

VISA MasterCard

Credit Card Number _____
Expiry Date _____ CSV (3 digit number on back) _____
Name on card _____

You may change or cancel your monthly donations at any time, subject to providing 7 business days notice.

Signature _____ Date _____

Long Point Basin Land Trust

P.O. Box 468, Port Rowan, ON N0E 1M0

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