

Donor Commitment Form



Once completed please mail this form along with a void cheque to

Mission Canada
2450 Milltower Court
Mississauga, ON
L5N 5Z6

Name: _____

Street address: _____

City: _____ Postal Code: _____

Phone Number: _____

E-mail: _____

I authorize PAOC Mission Canada to draw from my account each month for payment
of my pledge to _____

Amount: \$ _____ per month starting: _____

Signature: _____ Date: _____