

IJV Monthly automatic bank withdrawal donation authorization form

"I authorize a monthly deduction of \$ _____
from my bank or credit union account number _____
to be withdrawn on the
(please check) 1st ___ or 15th ___ of each month
for deposit to Independent Jewish Voices."

Signature: _____

Name: _____

Address: _____

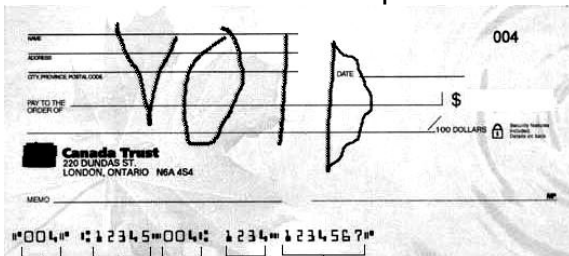
City: _____ Province: _____ Postal Code: _____

Telephone: _____ email: _____

Date: _____

This is for my ___ New IJV membership; ___ Renewal of IJV membership; ___ non member donation

INCLUDE a VOIDED Cheque from the above indicated account



Mail signed bank withdrawal statement and your voided cheque to:

Independent Jewish Voices Canada
PO Box 75372, Leslie Street PO,
Toronto, ON M4M 1B0

Thank you,

Membership coordinator: membership@ijvcanada.org
Independent Jewish Voices- Voix juives indépendantes www.ijvcanada.org