



THE RETIRED TEACHERS OF ONTARIO FOUNDATION
LA FONDATION DES ENSEIGNANTES ET ENSEIGNANTS
RETRAITÉS DE L'ONTARIO

RTO/ERO Foundation / Fondation ERO/RTO
300 – 18, chemin Spadina Road, Toronto ON M5R 2S7
416-962-9463 x 245 | 1-800-361-9888, | fax/télécopieur 416-962-1061
www.rto-ero.org/support-the-foundation

YES, I want to support The RTO/ERO Foundation.

Please complete and return the form.

Name _____

Address _____ City _____ Province _____ Postal Code _____

Phone _____ Email _____

RTO/ERO District _____ Language Preference: English French
(optional)

Monthly Donation

- \$40/month
 \$20/month
 \$10/month
 Other \$ _____/month

One-Time Donation

- \$1,000
 \$450
 \$200
 \$100
 Other \$ _____

Purpose

- All Programs (greatest need)
 Geriatrics/Gerontology Research &
Training at Post-Secondary Institutions
 Social Isolation

- Include my name on your website and in any printed materials as a donor.
 I wish for my donation to remain anonymous.
 I would like more information about including a gift to RTO/ERO Foundation in my will.

**Tax receipts will be sent to you to be filed with your income tax return for donations of \$20 or greater.
Charitable Number: 848662110RR0001**

We will not share your personal information with anyone outside of RTO/ERO and its Foundation.

Send me a tax receipt for my donation of under \$20.

Payment Information

CHEQUE* One-Time or _____ post-dated cheques, enclosed or Automatic Bank Withdrawal*

*Please fill out the Pre-authorized Debit (PAD) agreement and attach a cheque marked "VOID".

*For donations by Pre-authorized Debit (PAD), deductions are made on the 15th day of each month.

I may stop my authorization at any time, subject to providing 5 days notice. If at any time debits do not comply with this agreement, I have recourse rights by contacting RTO/ERO at 416-962-9463, 1-800-361-9888 or by contacting my financial institution or by visiting www.cdnpay.ca.

Pre-authorized Debit (PAD) Agreement

I authorize The RTO/ERO Foundation to debit the bank account identified below for payment of my donation to The RTO/ERO Foundation.

I may revoke my authorization at any time, subject to providing notice of at least five (5) business days before the next debit is scheduled, at the address provided below. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

Type of Service: Personal Business

Bank Account Information Financial Institution No: _____ Branch Transit No: _____ Account No. _____

Financial Institution Name: _____

Branch Address: _____

Signature of Account Holder _____ Name (please print) _____ Date (dd/mm/yy) _____

Signature of Joint Account Holder (if applicable) _____ Name (please print) _____ Date (dd/mm/yy) _____

CREDIT CARD* VISA MasterCard

Name on Card _____ Signature _____ Date _____

Card # _____ Expiry _____ / _____

*For donations by Credit Card, deductions are made on the 15th day of each month.