



Satsang Canada Inc.

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Date _____

I want to support "Satsang Canada Inc." through donation collected bi-weekly _____ or monthly _____.

Please debit my bank account (attach void cheque)

_____ \$21, _____ \$51, _____ \$101 (or) other Amount _____ (specify)

The debit will be processed to you on the _____ day of the month.

Signature _____

Donor Name _____

Address/Contact Information _____

This donation is made on behalf of _____ an Individual _____ a business

Internal