



316837 Highway 6, RR1, Chatsworth, ON N0H1G0  
 Telephone 519-794-3232/Fax 519-794-4499  
 Email: [accounts@chatsworth.ca](mailto:accounts@chatsworth.ca)  
 Website: [www.chatsworth.ca](http://www.chatsworth.ca)

## Donation Form – Township of Chatsworth

Please complete this form prior to making a donation to the Township of Chatsworth.  
 For real property or 'in-kind' donations, please contact the Township Office.

<b>Project Name:</b>			
<b>Donor Information</b>			
<b>Donor Name</b>			
<b>On behalf of (or in memory of) - Optional</b>			
<b>Address</b>			
<b>Phone</b>			
<b>Email</b>			
<b>Donation Details</b>			
<b>Amount of Donation</b>	\$	<b>Receipt Requested (for amounts \$25 and over only):</b>	Yes    No
<b>Frequency</b>	One Time or Monthly (see Pre-authorized Form)	<b>I authorize the Township to publish my name to recognize donation?</b>	Yes    No
<b>Payment Method (circle) * For Pre-authorized, see additional form</b>	Cash Cheque Pre-Authorized	<b>Please initial for authorization.</b>	Initial _____

<b>Payment Options &amp; Instructions</b>		
<b>Payment By Mail</b>	Complete form and mail along with cheque or bank draft to Township Office.	Township of Chatsworth 316837 Highway 6, RR 1 Chatsworth, ON, N0H 1G0
<b>Payment in Person</b>	Complete form and deliver payment via cash, cheque or debit to the Township Office.	Hours: Monday – Friday (except holidays) - 8:00am – 4:00pm
<b>Pre- Authorized Withdrawal</b>	See pre-authorized form that must accompany this form.	*See Second Page
<b>Online</b>	You <b>must</b> confirm your donation by contacting the Township at <a href="mailto:accounts@chatsworth.ca">accounts@chatsworth.ca</a> or 519-794-3232 ex. 122. We require a completed copy of this form submitted via email or mail to the town to issue a receipt.	Enter Chatsworth – Utilities as the payee and the 10-digit account number 0032013383. Do not use this account for Pre-Authorized Withdrawals. Please contact the office for your own unique account number.



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For Office Use
Added to PAD
/ /
MM/DD/YYYY

**PRE-AUTHORIZED PAYMENT (PAP) PLAN FOR DONATIONS If Required**

**CUSTOMER AGREEMENT & AUTHORIZATION FORM**

I/We authorize the Township of Chatsworth, and the financial institution designated, to begin deductions as per my/our instructions for regular monthly recurring payments or one time payments from time to time, for contributions towards the Chatsworth Community Hub Project and in connection with the attached completed donation form. Regular monthly payments will be withdrawn from my account on the 15<sup>th</sup> day of each month.

This authorization is to remain in effect until the Township of Chatsworth has received written notification from you of its change or termination. Any notification must be received in writing at least 30 days prior to the next scheduled withdrawal. You may obtain a sample cancellation form, or further information on your right to cancel a PAP Agreement at your financial institution or by visiting [www.payments.ca](http://www.payments.ca).

<b>PLEASE PRINT</b>		
Name(s) _____		
Mailing Address _____		
City _____ Province _____ Postal Code _____		
Telephone: (____) _____ - _____ email address: _____		
<b>FINANCIAL INSTITUTION INFORMATION *PLEASE ATTACH A VOID CHEQUE*</b>		
Financial Institution Name _____		
_____	_____	_____
Acct Number	Transit/Branch (5 digit)	Institution ID (3 digit)
Mailing Address: _____		
_____		
City Province Postal Code		

**\*\*\*IMPORTANT NOTE\*\*\***

All account holders are required to sign below.

Authorized Signature(s) \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature(s) \_\_\_\_\_ Date: \_\_\_\_\_