




prepared to answer
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Prepared to Answer

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Designation:

General  Matt Bellefeuille Shawn Walker Other:_____

My Support:

\$200 \$100 \$50 \$25 Other:_____ Monthly Quarterly

My Information:

Donor Name:_____ Middle Initial:___ Last Name:_____

Address:_____

City/Town:_____ Prov/State:_____ Postal Code:_____

Phone Home:_____ Work:_____ Cell:_____

Email:_____

Donation is made by: Personal Business

Please charge my credit card:

Mastercard VISA AMEX

Cardholder name :_____

Card number

Expiry

Please debit my bank account on the 18th of the month (please attach a void cheque)

Cancellation and Recourse Agreement

I may revoke my authorization at any time, subject to providing notice of 14 days. 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.cdnipay.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.cdnipay.ca.

Signature:_____

Date:_____