

## Preauthorized (Direct Debit) Monthly Pledge

With your authorization, your monthly pledge can be automatically deducted from your chequing account. You will receive an official income tax-receipt for your total contributions at year end. For your convenience, this Automatic Withdrawal service will continue until you notify us otherwise.

This plan is simple:

1. Complete this form.
2. Attach a blank cheque marked VOID.
3. Mail form and cheque to Christian Advocacy Society at the address above.

### DONOR INFORMATION

Name \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

### BANK INFORMATION

Account # (Note: Account must have chequing privileges) \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_ Branch # \_\_\_\_\_

Address \_\_\_\_\_

### AUTHORIZATION

I authorize the Christian Advocacy Society to draw cheques for my monthly donation in the amount of \$\_\_\_\_\_, on the first day of each month, beginning \_\_\_\_\_ (month and year).

The financial institute noted above is hereby authorized to pay and debit the account of the undersigned.

I (we) warrant that all persons whose signatures are required on this account have signed this agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please use my donation for:

- Where most needed
- Burnaby Safe House
- Crisis Pregnancy Centre of Burnaby & New West
- Crisis Pregnancy Centre of Vancouver
- OnlineCare Canada
- Post Abortion Community Services
- Rape Victims' Support Network
  
- I prefer not to be placed on mailing list.

I (we) acknowledge that provision and delivery of this authorization to the Christian Advocacy Society constitutes delivery by me (us) to the aforementioned financial institution. Any delivery of this authorization to you constitutes delivery by me (us).