

Pre-authorized Debit Agreement for the Purpose of Charitable Donation

Date: _____

I want to support Bridges of Hope International Network of Development Agencies Inc. through a:
monthly donation _____ annual donation _____ or a one-time donation _____**Personal Information:**

Donor's Name: _____

Address: _____

City and Province: _____ Postal Code: _____

Phone: _____

Email: _____

I/ we hereby authorize Bridges of Hope to make a withdrawal from my credit card or bank account according to the information indicated on this form:

Donor's Signature: _____

Method of Donation:**Credit Card:**

Name on the card: _____

Credit card number: _____ Expiry date: _____

Please debit my account:

 A monthly donation of \$ _____ starting on: 1st or 16th day of _____ 2010 Annual donation of \$ _____ to be made on: 1st or 16th day of _____ 2010 A one-time donation of \$ _____ to be made on: 1st or 16th day of _____ 2010**Bank Debit:**Please debit my bank account: (attach VOID cheque or current banking information:
transit _____, branch _____, account _____.) A monthly donation of \$ _____ starting on: 1st or 16th day of _____ 2010 Annual donation of \$ _____ to be made on: 1st or 16th day of _____ 2010 A one-time donation of \$ _____ to be made on: 1st or 16th day of _____ 2010

This donation is made on behalf of: _____ an Individual _____ a Business

I may revoke my authorization at any time, subject to providing notice of 7 business 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.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.**Bridges of Hope International Network of Development Agencies Inc.**

#223, 207 - 13 Street N. Lethbridge AB T1H-2R6

Phone: (403) 380-3844 **Toll Free:** (877) 460-6036 **Fax:** 403-380-3990**Email:** info@bridgesofhope.ca **Website:** www.bridgesofhope.ca**Registered Charity Number:** 8636 16843 RR0001