

This form is to be completed by those wishing to donate to a specific missionary, chaplain, appeal, or project within the Fellowship. To make a credit card donation, visit: fellowship.ca/Donate

Please print clearly.

PERSONAL INFORMATION for receipting purposes * *required fields*

*First name:

* Last name:

*Address:

*City:

*Province:

*Postal code:

A phone number and/or email address is required in case we need to follow up with you regarding your donation.

* Phone:

Email:

DONATION INFORMATION

I wish to make a donation towards the following:

Missionary/chaplain/project name:

Amount: \$

Missionary/chaplain/project name:

Amount: \$

Total: \$

PAYMENT OPTIONS — Please choose **ONE** from the options below.

I am making my donation by cheque and enclosed is my cheque in the amount of \$
(Please make cheques payable to: The Fellowship)

I would like to give using the Pre-Authorized Debit (PAD) option: recurring one-time

Financial Institutional number (3 digits):

Transit (branch) number (5 digits):

Account number (7 to 12 digits):

*If possible, when submitting this form,
please include a voided cheque.*

You, the Payor, authorize The Fellowship to debit the bank account identified above for \$

Both Recurring and One-time PADs are processed on the 15th of every month or on the next regular business day. You, the Payor, confirm that you have authority under the terms of your account agreement to authorize this debit.

This PAD agreement falls in the PAD category of Personal PAD Agreements.

You, the Payor, may revoke your authorization at any time in writing. The notice must be received no sooner than 20 days and no later than five (5) days before the day the PAD is to be processed. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit payments.ca. The Fellowship may also cancel this PAD agreement on not less than 5 days' notice to you.

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debt that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights you may contact my financial institution or visit payments.ca.

My typed name in the signature line indicates my authorization of this form.

* Signature:

* Date:

Please return this completed form to: The Fellowship, P.O. Box 457, Guelph ON N1H 6K9 or email to: accounting@fellowship.ca

Donor Designated Funds Policy — Spending of funds is confined to programs and projects approved by the organization. Each restricted contribution designated towards such an approved program or project will be used as designated with the understanding that when the need for such a program or project has been met, or cannot be completed for any reason determined by the organization, the remaining restricted contributions will be used where needed most.