

I am pleased to support: Wherever needed most Program/Project/Role*: _____

Please complete for all gifts: Name: _____ Telephone: () _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Email: _____

1. Monthly: \$250/mo \$100/mo \$50/mo Other \$ _____ /mo

2. One-time: \$500 \$200 \$50 Other \$ _____

3. Payment Method: Credit Card (complete below) Post-dated cheques Pre-Authorized Bank Debit (see below, monthly payment only)

I have already included A Rocha Canada in my Will or estate plans

I want to hear more about how to include A Rocha Canada in my Will or estate plans

* Your donation will be carefully administered with the understanding that, should an occasion arise such that the needs for your preferred program/project/role have been fully met, your gift will be put to good use supporting other aspects of the A Rocha general budget.

Credit Card Donations: MC/VISA _____ - _____ - _____ - _____ Expiry Date: ____ / ____ CVV 3 digit code: _____

Cardholder Name: _____ Signature: _____

Pre-Authorized Debit (PAD) Agreement (Monthly Payment Only)

Personal Business

- PADs must be received at the ARC Office by the 1st of the month in order to begin in the current month.
- Changes to your donation amount and/or banking information must be received by the 1st of the month.
- You will receive written confirmation from ARC upon initial set-up and with any future changes you make.
- A cancellation form will be included with written confirmation of PAD set-up. You may revoke your authorization at any time by providing notice of 30 days.
- For more information on your right to cancel a PAD agreement, contact your financial institution.

I, _____,

hereby authorize A Rocha Canada to debit my bank account for

automatic monthly donations of _____, to start

(month/year) ____ / ____ .

Signature: _____

Date: _____

All donations are processed on the 15th of the month.
 Please enclose a void cheque along with completed form.

A Rocha Canada Privacy Policy Personal information may be received by A Rocha through correspondence, pledge cards and other forms of donations. This information may be shared with others within A Rocha for specific purposes, at all times respecting the confidentiality of such information. Personal information will not be shared outside of A Rocha unless required by law, or for the purposes of processing a donation, such as credit card transaction.

Tax-deductible receipts will be issued for donations over \$10.
 Registered Charity No. 86663 8943 RR0001.