



Monthly Pre-Authorized Donations

Name: _____

\$10/month

\$30/month

Email: _____

\$20/month

\$40/month

Address: _____

\$ _____/month

Tel: _____

On the 15th of every month (or next business day), please debit my bank account (attach VOID cheque and sign below)

Sign: _____ Date: _____

GIFTS WILL BE ACKNOWLEDGED, AND AN OFFICIAL RECEIPT FOR INCOME TAX PURPOSES WILL BE MAILED TO YOU. The Monthly Donation Agreement allows you to revoke your authorization at any time by providing 15 days notice. You simply need to contact ACTS. You have certain recourse rights if any debit does not comply with this agreement. To obtain more information on your recourse rights, you may contact your financial institution or cdnpay.ca. All donations will be used for Board-approved programs and projects. When any need or project goal has been met, extra funds will be used in areas of greatest need. Your privacy is respected at all times; mailing lists are not rented or sold. CHARITABLE REGISTRATION NUMBER #13237 3077 RR001

