



Youth for Christ/Canada

Attention: Donations
308 – 8047 – 199 Street, Langley, BC V2Y 0E2
Telephone: (604) 637-3400 Fax: (604) 634-0129
e-mail: donations@yfcanada.org

Ministry Partner Monthly Support Form

Please accept my contribution as indicated below to help reach the youth of our nation.

I would like to Support:		
<input type="checkbox"/> General Fund	<input type="checkbox"/> Other (Specify): _____	<input type="checkbox"/> Staff Member Name: _____

Monthly Gift of:						
<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$200.00	<input type="checkbox"/> \$500.00	<input type="checkbox"/> Other \$ _____	

Day of month		
<input type="checkbox"/> 1 st of every month	<input type="checkbox"/> 16 th of every month	<input type="checkbox"/> Start Date (MM/DD/YYYY) _____

Your Information	
Please Print	
Name(s): _____ Middle Initial: _____ Last Name: _____	Date: _____
Address: _____	
City/Town: _____	Province _____ Postal Code _____
Phone Work: _____ Home: _____ Cell.: _____	
e-mail: _____	Donation made on behalf of (check one): <input type="checkbox"/> Personal <input type="checkbox"/> Business

<input type="checkbox"/> Please charge my Credit Card	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA
Name on Card: _____		
Card No.	<input type="text"/>	Expiry Date
	<input type="text"/>	<input type="text"/>

<input type="checkbox"/> Please Debit my Bank Account (Please attach a "Void" Cheque)

Pre-Authorized Debit ("PAD") Agreement	
I/We understand that the permission to charge my bank account, Visa or MasterCard is the same as if I had personally signed a cheque to Youth for Christ/Canada.	
I/We may revoke my authorization at any time, subject to providing 30 days notice. 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/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we 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/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca .	

Donation Policy	
Youth for Christ/Canada seeks to honour the expressed designation towards each program(s) and project(s) approved by the organization. Each contribution designated towards such an approved program(s) or project(s) 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 Youth for Christ/Canada, the remaining restricted contributions will be used where most needed. www.yfcanada.org	

Signature _____

Date _____