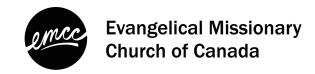
## **Pre-Authorized Donation Form**

Return to EMCC, 202 – 3907 3A Street NE Calgary AB T2E 6S7 Email: finance@emcc.ca Fax: 519-894-0941

## **EMCC & WORLD PARTNERS SUPPORT**

50	EMCC General Fund	\$	
10058	World Partners – Undesignated	\$	
WP SUPERVISED* GLOBAL WORKERS www.emcc.ca/world-partners/give/support-a-worker			
www.emcc.ca/wond-partners/give/support-a-worker			
955	Robert & Sharlene Dilts: First Nations, Raising Support	\$	
964	Keith & Ruth Ann Elliott: Global Partner Developers	\$	
10003	Dan & Anne-Marie Chapple: Pastoral Training, Mexico	\$	
10010	Ken & Carolyn Benson: Outreach and Disciple-making	\$	
10012	Marilyn McIlroy: Health & Community Development	\$	
10025	Dorothy Reid: Children's Workers Leadership Training	\$	
10027	Stan & Sally Bragg: First Nations Saugeen	\$	
EMCC WP GLOBAL PROJECTS			
www.emcc.ca/projects Number (RD700, IPF300), Name, Amount			
#	Name	\$	
#	Name	\$	
#	Name	\$	
EMCC PENSION & RSP CONTRIBUTIONS			
		\$	
		\$	
		\$	
	TOTAL	\$	

Questions? Call 1-877-375-7600 ext. 223



## **Pre-Authorized Monthly Donation Agreement**

I want to support an EMCC Project through monthly donations.			
□ New □ Update □ Personal □ Busines			
Name			
Address			
City	Prov Postal Code		
Telephone Email			
Tolophone			
Payment Frequency			
Withdrawal Data:	h manth [] 16th day of each manth		
Withdrawal Date: $\ \square \ 1^{st}$ day of each month $\ \square \ 16^{th}$ day of each month $\ \square \ $ one-time gift			
ф			
Amount	per month starting in mount Month		
Attached Cheques			
☐ I am enclosing a one-time cheque	or cash Cheques can be		
☐ I am enclosing post-dated cheque	•		
and an enclosing post dated eneque	issued to limee		
Please debit my bank account (Please attach VOID cheque)			
,			
Name of Financial Institution			
Branch # (5 digits) Institution # (3 digit	ts) Account Number		
Please charge my Credit Card			
☐ Visa ☐ Mastercard			
Card Number	Expiry CVV		
Authorization			
C: 1	D 1		
Signature Date			
I understand that I may cancel my bank or cr	redit card authorization at any time with 30		

I understand that I may cancel my bank or credit card authorization at any time with 30 days written notice to EMCC. 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 right, I may contact my financial institution or visit www.cdnpay.ca The Payor and Payee agree to waive the prenotification requirement under the CPA Rules to receive a written pre-notification prior to each pre-authorized payment

Spending of funds is confined to board approved programs and projects. Each restricted contribution designated towards a board 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 board, the remaining restricted contributions designated for such program or project will be used where needed most.