



Pre-Authorized Debit Agreement

GIFT INFORMATION

Yes, I would like to give monthly! I authorize Communitas Supportive Care Society to deduct from my bank account or credit card the amount designated. This information is strictly confidential and will never be shared with anyone other than the person named below or his/her designated representative. Withdrawals will be made on the 11th of each month, or the nearest business day after.

Monthly Amount: \$ _____

Signature

Date

CONTACT INFORMATION

Name

Address

City

Province

Postal Code

Telephone

Email

Yes, I would like to receive news and updates from Communitas!
(You may withdraw your consent at any time)

PAYMENT INFORMATION

Monthly gifts can be made from your chequing account or credit card. Please choose one of the options below:

Chequing Account

Please include a "VOID" cheque with this form. It will only be used by Communitas to access the bank, routing and account numbers and cannot be cashed.

Credit Card

Visa Mastercard

Credit Card Number

Expiry Date (mm/yy)

An annual receipt for all monthly gifts will be mailed to you. You may revoke your authorization at any time, given 30 days notice. For more information on Pre-Authorized Debit Agreements, contact Communitas, your financial institution or visit cdnpay.ca. We respect your privacy and do not rent or sell our mailing lists. Charitable Registration No. 134106228RR0001.

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