



Mennonite Church Canada

Our nationwide community of faith

600 Shaftesbury Blvd
Winnipeg MB R3P 0M4
Toll free 1-866-888-6785
T: 204-888-6781
F: 204-831-5675
E: give@mennonitechurch.ca
W: donate.mennonitechurch.ca

We are pleased to offer you, our faithful donors, a pre-authorized debit service. We are grateful for your support so that we can do together what we cannot do alone... from across the street to around the world.

To join this group of monthly donors, return this form and a voided cheque to Mennonite Church Canada, 600 Shaftesbury Blvd. Winnipeg MB R3P 0M4.

Charitable donation receipts are mailed out at the end of the calendar year.

- **Expect your gift to change you!**
- **Expect your gift to change the shape of Mennonite Church Canada.**
- **Expect your gift to impact people across the street and around the world.**

INVEST IN THE VISION

Pre-authorized Debit Authorization

Name(s): _____

Address: _____ Postal Code: _____

Email: _____ Phone: _____

I/we want to help by making a monthly payment of \$_____

This donation is made on behalf of an Individual a Business

Please include a VOID cheque OR enter the information below

Branch #: _____ Institution #: _____ Account #: _____

I may revoke my authorization at any time, subject to providing notice of 28 days. 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.payments.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 rights, I may contact my financial institution or visit www.payments.ca.

I/we understand that the above amount will be deducted on the 15th of every month (or next business day), beginning _____ and ending in 12 months or after I notify you.

I/we wish to direct this gift to: Where most needed OR to _____

Please sign below to confirm your gift:

#1 Signature

Date

#2 Signature (if required for your account)

Date

THANK YOU

Sample Cheque

ABC

YOUR COMPANY NAME
123 MAIN STREET
YOUR TOWN, PROVINCE A1B 2C3

YOUR FINANCIAL INSTITUTION
456 MAIN STREET
YOUR TOWN, PROVINCE A4B 4C5

001

DATE

Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D

PAY _____ \$

TO THE ORDER OF

XYZ COMPANY
875 MAIN STREET WEST
YOUR TOWN, PROVINCE A4B 5C6

PER _____

PER _____

⑆00⑆ ⑆12345⑆678⑆ ⑆1234567⑆

VOID

Branch #

Financial Institution #

Account #