



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: www.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 Church Engagement, 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 _____ Code _____

Email _____

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

Void check or account number info required (both preferred)

Branch # _____ Financial Institution # _____ Account # _____

(The amount of your monthly gift may be changed at any time)

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.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 rights, I may contact my financial institution or visit www.cdnpay.ca.

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

I/we wish to direct this gift to:

- Christian Witness Christian Formation Church Engagement Where most needed

OR specifically designated to _____

Please sign below to confirm your gift:

#1 Signature

Date

#2 Signature (if required for your account)

Date

THANK YOU



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⑆ ⑆2345⑆ 678⑆ ⑆23456⑆ ⑆⑆

Branch #

Financial Institution #

Account #