

Preauthorized Debit Form for the CanaDares Society

Reg# 864981055RR0001

www.canadares.ca

Yes! I want to support the CanaDares Society through monthly donations.

Please debit my bank account the following amount:

\$30 \$50 \$100 Other amount: _____

(I have attached one VOID cheque).

I understand that this debit will be processed from my account on the 1st day of each month or the next business day.

Please fill in the following information:

Signature: _____ Date: _____

Name: _____

Address: _____

Phone: _____ Email address: _____

This donation is made on behalf of (check one): an Individual a Business

I would like CanaDares newsletters emailed to me (check one): YES NO

We thank you for your support! Mail your form to the following address:

CanaDares Society for Children in Tanzania
c/o Lynda Kearns
1605 Mission Road Sechelt BC V0N 3A1

For more information, contact us through the website contact email: canadarescharity@gmail.com

Preauthorized Debits (PAD) - Payor's PAD Agreement: I may revoke my authorization at any time, subject to providing notice of 14 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.