

# MONTHLY DONATION FORM

## Contact Information

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Email: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Please send me updates by:  Email  Mail  No updates

## Donation Information

Monthly Gift Amount:  \$20  \$30  \$50  \$100  Other: \$ \_\_\_\_\_  
Process my donation on the  1st  15th of each month  
This donation is made by:  individual  a business  
Designate my donation to:  
 Wherever it is needed  Angel Tree  In-Prison Programs  Bridgecare  
I prefer to give by  Credit Card (please fill out the credit card section below)  
 Pre-authorized debit (please fill out the pre-authorized section below)

## Credit Card

Card Type:  Visa  Mastercard  American Express  
Card Number: \_\_\_\_\_ CCV : \_\_\_\_\_ Expiry (mm/yy) : \_\_\_\_/\_\_\_\_  
Name on card: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Pre-Authorized Debit (PAD)

*Please attach a VOID cheque.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*By signing I understand that I can cancel this request at any time either in writing or by phone. I understand that processing of cancellations may take up to three weeks. For monthly donors, official tax receipts are issued in February for the annual total.

Prison Fellowship Canada is registered with the CRA as a charitable organization and complies fully with federal and provincial charitable solicitation requirements. All designated donations will be directed to the project or item indicated by the donor. If the program has already achieved full funding, Prison Fellowship Canada, according to guidelines, will re-allocate the funds to a similar project or where most needed.