Donation Pledge Form

MY GIFT/PLEDGE TO CLEARWATER COLLEGE

Monthly Giving	
\$25 per month for	months.
\$50 per month for	months.
\$100 per month for	
\$200 per month for	
☐ Other: \$ per me	onth for months.
One Time Giving ☐ One time gift of \$100 ☐ One time gift of \$200 ☐ One time gift of \$400 ☐ One time gift of \$	_
of this sheet)	nplete the PAD agreement form on the back
Name on Card	
Card #	Expiry
If monthly, day of month to ch	narge your card
Signature:	
Personal Information	
Address:	
City:	Province:
Postal Code:	Phone: ()
E-mail:	
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One Time Giving One time gift of \$100 One time gift of \$200 One time gift of \$400 One time gift of \$
Method of Payment ☐ Cheque(s) ☐ Pre-Authorized Debit (complete the PAD agreement form on the back of this sheet) ☐ Visa ☐ MasterCard ☐ Other
Name on Card
Card # Expiry
If monthly, day of month to charge your card
Signature:
Personal Information Name:
Address:
City: Province:
Postal Code: Phone: ()
E-mail:

* In cases where donations exceed what is needed or where a project cannot be carried out, Clearwater College will redirect funds to similar activities or projects or where needed most..

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT FOR CLEARWATER COLLEGE DONORS

I, (name)	, authorize Clearwater College						
to withdraw from my account the amount of \$ on the							
day of each month starting (Month/Year)							
This debit is made on behalf of: an individual a business							
Date:	oate: Signature:						
Personal Inform	ation_						
Name:		E-mail:					
Address:		City:					
Province:	Postal Code:	Phone:					

Please attach a VOID check of the account you wish to be debited.

PAD TERMS

- I may revoke my authorization at any time, subject to providing notice of 20 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
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Box 100, Caroline, AB T0M 0M0 Toll Free: 1-800-838-2975 Fax: 403-722-2459 www.lfbc.net

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Date:	Signature:					
Personal Information						
Name:	E-mail: _					
Address:	(City:				
Province: Postal Co	ode:	Phone:				

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