

Date: _____

Name: _____ Address: _____

City: _____ Prov: _____ Postal Code: _____ Phone: _____

Email: _____

A) Donation Method:

1. One time donation \$ _____

circle donation method : Cheque MasterCard Visa Cash Paypal

2. Ongoing Monthly donation \$ _____

circle donation method : MasterCard Visa Bank Transfer/Auto Debit

B) Enter the appropriate information:

1. Credit Card (MasterCard or Visa):

- for both 1) Ongoing Monthly donation and 2) One time donation

Card # _____ expiry date _____

2. Bank Account Information - Attach a void cheque

- only if you are doing Bank Transfer

Signature _____

Ongoing Monthly Agreement:

I may revoke my authorization at any time, subject to providing notice of 30 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

Hands On Saskatoon Street Ministry Incorporated
140 – Avenue F North
Saskatoon, SK S7L 1V8
Tel: (306) 653-4182
Email: handsonministries@sasktel.net
Charitable Donation Number: 140591926 RR0001

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