

Monthly Donation Form

Personal Pre-Authorized Debit or Credit Plan

PLEASE COMPLETE AND RETURN TO: **Mercy Canada, 19465 16th Avenue, Surrey, BC V3Z 9V2**

You can count on me as a Treasure Builder, committing to a monthly gift of:

\$50 \$100 \$250 \$500 \$1000 Other \$ _____

Contact Information

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Country: _____ Phone Number: (____) _____

Email Address: _____

Payment Information - I would like to pay by:

Debit (enclose void cheque or provide the following information) Debit my account on the ___ 1st or ___ 15th of the month

FINANCIAL INSTITUTION/BANKING INFORMATION (*please type or print clearly*)

Branch Number	Institution #	Account Number
Name of Financial Institution:		
Branch:		
Branch Address:		
City/Province:		Postal Code:

VISA MC Amex (Please charge my account on the ___ 1st or the ___ 15th of the month.)

Credit Card Number: _____ Expiry Date: _____ CVC # _____

Name (as it appears on the card): _____

Signature: _____

I authorize the monthly withdrawal from my account or charge to my credit card as indicated above to be paid to Mercy Canada until I revoke or cancel the said monthly payments orally or in writing. Donation receipts for monthly donations will be aggregated at the end of each year and issued in February of the following year. Mercy Canada respects your privacy and will not share your personal information with any other party

