mary's meals a simple solution to world hunger

Pre-Authorized Debit Agreement

Please return this completed form (please fill in ALL fields) via email to donations.canada@marysmeals.org, or mail to the following address:

Mary's Meals Canada PO Box 76144, Millrise RPO Calgary, Alberta T2Y 2Z0

I want to support Mary's Meals Canada through monthly donations. Please debit my bank account (attach VOID cheque, or fill out banking info below) Amount \$
Amount \$ (specify) The debit will be processed to your account on the 15th day of each month or the next business day. Receipt: No
The debit will be processed to your account on the 15th day of each month or the next business day. Receipt: No Yes – by post Yes – by email** I would like a "Love Reaches Everywhere" t-shirt in size S M L XL First and Last Name*: Mailing Address*: Phone Number: Email**: Mailing List: No thank you Yes – by email** Yes – by mail Banking info (or send a void cheque): Transit # (5 digits): Institution # (3 digits):
Receipt: No Yes – by post Yes – by email** I would like a "Love Reaches Everywhere" t-shirt in size S M L XL First and Last Name*: Mailing Address*: Phone Number: Email**: Mailing List: No thank you Yes – by email** Yes – by mail Banking info (or send a void cheque): Transit # (5 digits): Institution # (3 digits):
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Account # (usually 8 – 12 digits):
Vancouver, BC V2X M67 PAY TO THE ORDER OF #837 Victoria Drive Vancouver, B.C. VSN AP3 Memo
TRANSIT INSTITUTION ACCOUNT NUMBER
"100" "13500"B09" 10"000"123""
Preferred contact method: by phone by email** (this helps keep our costs low)
Signature:

This donation is made by:

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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.

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.

*full name and address of donor are required for issuing of official tax receipt.

Tax receipts are issued by the end of February for the previous tax year. For any enquiries regarding receipts, please contact donations.canada@marysmeals.org.

THANK YOU FOR YOUR GENEROUS GIFT

^{**}email address is required if your preferred contact method is by email