

PRE-AUTHORIZED DEBIT:

I want to support the mission of the Reformed Perspective Foundation through monthly contributions. Canadian donors will receive a charitable donation receipt.

Please debit my bank account: (attach VOID cheque for banking information)
□ \$10 □ \$20 □ \$50 □ \$100 □ Other:
Withdrawn on the (1st, 15th, 28th, etc.) day of each month
Signature: Date:
Phone: Email:
Name:
Name
Address: Prov: Postal:
This payment is made on behalf of: ☐ an Individual ☐ a Business
I may revoke my authorization at any time, subject to providing notice of 30 days. I can obtain a sample cancellation form, or further information on my right to cancel a PAD Agreement, at my financial institution or by visiting 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.
Thank you for standing with us as we together proclaim the Lordship of Jesus Christ over all spheres of life!
Chilist Over an aphieres of me:

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