

# Ministry Partner Mail In Form

**Please accept my contribution as indicated below to help reach the youth of our nation.**

<b>I would like to Support:</b>		
<input type="checkbox"/> General Fund	<input type="checkbox"/> Other (Specify): _____	<input type="checkbox"/> Staff Member Name: _____

<b>Gift of:</b>						
<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$200.00	<input type="checkbox"/> \$500.00	<input type="checkbox"/> Other \$ _____	

<b>Make my donation monthly - Day of month</b>		
<input type="checkbox"/> 1 <sup>st</sup> of every month	<input type="checkbox"/> 16 <sup>th</sup> of every month	<input type="checkbox"/> Start Date (MM/YYYY) _____

<b>Your Information</b>					
<b>Please Print</b>					Date: _____
Name(s): _____	Middle Initial: _____	Last Name: _____			
Address: _____					
City/Town: _____	Province _____	Postal Code _____			
Phone Work: _____	Home: _____	Cell: _____			
e-mail: _____	Donation made on behalf of (check one):		<input type="checkbox"/> Personal	<input type="checkbox"/> Business	

<input type="checkbox"/> <b>Please charge my Credit Card</b>	<input type="checkbox"/> <b>MASTERCARD</b> <input type="checkbox"/> <b>VISA</b>																											
Name on Card: _____																												
Card No.	Expiry Date																											
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<input type="checkbox"/> <b>Please Debit my Bank Account (Please attach a "Void" Cheque)</b>
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<b>Pre-Authorized Debit ("PAD") Agreement</b>
<p>I/We understand that the permission to charge my bank account, Visa or MasterCard is the same as if I had personally signed a cheque to YFC Victoria or YFC Nanaimo.</p> <p>I/We may revoke my authorization at any time, subject to providing 30 days notice. To obtain a sample cancellation form or for more information on my right to cancel a PAD agreement, I may contact my financial institution.</p> <p>I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we 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/our recourse rights, I/we may contact my/our financial institution.</p>

<b>Donation Policy</b>
<p>YFC Victoria/Nanaimo seeks to honour the expressed designation towards each program(s) and project(s) approved by the organization. Each contribution designated towards such an approved program(s) or project(s) will be used as designated with the understanding that when the need for such a program or project has been met, or cannot be completed for any reason determined by YFC Victoria/Nanaimo, the remaining restricted contributions will be used where most needed.</p>

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date