



Yes! I want to join this life-changing partnership with the ministry of Youth Unlimited/YFC Calgary!

Staff or Program Designation: _____

Type of Donation (*Please Check One*):

One Time Cheque (*enclosed*)

Post-dated Cheques (*enclosed*)

Credit Card:

One Time

Monthly

Date to be submitted: 1st or 15th

Name on Card _____ Card Number _____

Expiry Date (mm/yy) _____ Signature _____

Pre-authorized Debit (PAD) (*void cheque enclosed*)

Total per month \$ _____ Starting Month _____

Monthly Transfer: 1st or 15th Signature _____

I may revoke my authorization at any time, subject to providing notice of 10 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 copy 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.

Please complete the following personal information:

Name _____

Address _____

Phone # _____ Cell # _____

email _____

Please make cheques Payable to : **YOUTH UNLIMITED/YFC CALGARY**

Include this form with your donation and mail to:

Youth Unlimited / YFC Calgary
Bay 15, 1725 – 30th Ave NE
Calgary, AB T2E 7P6