

I want to support ARPA Canada through **MONTHLY DONATIONS:**

PERSONAL INFORMATION

Donor Name:
Address:
.....
Phone:
Email (optional):

ACCOUNT AND WITHDRAWAL INFORMATION

This donation is made on behalf of:

an Individual a Business

Please debit my bank account: *(attach VOID cheque)*

\$15 \$25 \$50 \$100 Other:.....

Withdrawn on the (1-28) day of each month

AGREEMENT

I understand that ARPA Canada is not a registered charity and consequently is not able to provide a tax-deductible receipt for donations.

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.

AUTHORIZATION

Signature:.....

Date:.....

Please **mail form** with void cheque to:

ARPA CANADA
PO BOX 1377, STN B
OTTAWA ONTARIO, K1P 5R4

Thank you very much for supporting ARPA Canada.

Your donation is greatly appreciated and we will honour it with commitment and integrity. We will also provide a twice-annual donor update from our Executive Director. If you have any questions, don't hesitate to contact us.



ARPA CANADA
PO BOX 1377, STN B
OTTAWA ONTARIO, K1P 5R4

Email: info@arpacanada.ca | Phone: 1.866.691.2772

