



## Pre-Authorized Payment Form

I want to make a one-time donation to support the work of ARPA Canada.

Please mail a cheque to:

ARPA Canada  
PO Box 1377 Stn. B  
Ottawa, ON K1P 5R4

or make a one-time donation by credit card on our website by visiting [ARPACanada.ca/donate](https://arpacanada.ca/donate)  
or e-transfer a donation to [donor@arpacanada.ca](mailto:donor@arpacanada.ca)

OR

☐ I am currently a monthly donor. Please adjust my monthly donation to a NEW total of:

\_\_\_ \$25 \_\_\_ \$50 \_\_\_ \$100 \_\_\_ \$250 \_\_\_ Other: \$ \_\_\_\_\_

OR

I would like to become a new monthly donor. Please debit my account on the \_\_\_ (1-28) day  
each month:

\_\_\_ \$15 \_\_\_ \$25 \_\_\_ \$50 \_\_\_ \$100 \_\_\_ \$250 \_\_\_ Other: \$ \_\_\_\_\_

**Please attach or scan a void cheque. (This can be an actual cheque or electronic  
version accessible through your online banking application)**

Donor Name: \_\_\_\_\_ Telephone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I recognize that the Association for Reformed Political Action Canada is not a charity and will not provide tax receipts for my donations. I may revoke my authorization at any time, subject to providing notice of 30 days. I can obtain further information on my right to cancel a PAD Agreement at my financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca)*