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 or e-transfer a donation to 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 of 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: _____ EMAIL: _____

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