



Intention to Support

We wish to support: _____ ID or Project # _____
Name of missionary or project (if known)

Your name _____

Address _____

Phone _____ E-mail _____

Gift Amount:

Monthly (by cheque) \$ _____

Monthly (Automatic) \$ _____
Complete section below

Quarterly \$ _____

Other \$ _____

Support will begin _____
Month / Day / Year

Please mail, fax or email completed form and/or gift to:

ABWE Canada
34 – 980 Adelaide Street S
London ON N6E 1R3

◇
donorhelp@abwe.ca
F: 519-690-1618
P: 519-690-1009 / 877-690-1009

Donations can also be made online at
<http://www.abwe.ca/give/ways-to-give>

Automatic Support Program

Please complete the appropriate section for your preferred method of donation

Pre-Authorized Debit (PAD)

I/we authorize automatic debits on my/our or church bank account:

Amount: \$ _____ Beginning: _____ (month & year)

Date of monthly withdrawal: 1st 15th

Voided cheque attached

If cheque not available, please provide:

Name of bank: _____
Branch No. (5 digits) _____ Account No. _____

X _____
Authorized signature

X _____
Date of signature

Credit Card

I (we) authorize an automatic charge to my (our) credit card:

Amount: \$ _____ Beginning: _____ (month & year)

Processed on the 5th of each month

VISA Mastercard

Card #: _____ - _____ - _____ - _____

Expiry date: ____/____

Name on card: _____

X _____
Authorized signature

X _____
Date of signature

MY RIGHTS (PAD)

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.

I may revoke my authorization at any time, subject to providing notice of at least 7 business days, by contacting ABWE Canada by phone at 519-690-1009. For more information on my right to cancel this PAD agreement, I may contact my financial institution or visit www.cdnpay.ca.

ABWE Canada Statement of Accountability:

Spending of funds is confined to board approved programs and projects. Each restricted contribution designated towards a board approved program or project 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 as determined by the board, the remaining restricted contributions designated for such program or project will be used where needed most.