



# 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](mailto:donorhelp@abwe.ca)  
F: 519-690-1618  
P: 519-690-1009 / 877-690-1009

Donations can also be made online at  
[www.abwe.ca/give](http://www.abwe.ca/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:  1<sup>st</sup>  15<sup>th</sup>

Voided cheque or bank account information attached

If cheque or document 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 5<sup>th</sup> 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](http://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](http://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.