

## **Pre-Authorized Credit and Debit Donation Form**

## **Registered Charity # 11921 0391 RR0001**

## 1.A donation tax receipt will be issued under your legal name (Please print clearly)

First Name:		Last Name:		Middl	ddle Name:		
Address:				Unit/A	pt #:		
City:		Province:	Postal Code:	Count	ry:		
Primary Phone:		Email:					
Company (If Applica	ble):		It is for (check	one):	Personal Business		
2. Pre-authorize	d Credit Card	Information					
<b>Visa</b>	MasterC	ard Am	erican Express	□ Ot	her		
Name on the card	:		Ca	ard number: _			
Expiration of card: (MM/YY) CVV (or CVC):							
not be kept on reco	rd upon comple	ion of this set up. I	f you have questions a	bout this proces	s, please feel fre	redit donation and will se to contact Nancy elf at www.tenth.ca/give	
3. Pre-authorize	d Debit Card [	Oonation Details	<b>(</b>				
change or cancel you 604-876-2181, 113. comply with this agrights, your right to a. Frequency	Your authorization Your request w reement. Please cancel this Pre-	at any time, please Il be processed witl contact your finand Authorized Debit Ag	e contact the finance on in 15 business days. You institution or <b>visit</b> to	ffice in writing, I  ou have a certai  www.cdnpay.ca	oy email giving@ n recourse right	nation on certain recours	
b. Fund Allocat							
	General Fund	Evening		Benevolence Building			
		West Side		Cambodia			
		East Van		Missions			
		UBC Pt Grey		Kits Cares			
		Online		Refugee			
ΤΟΤΔ					NATION		
	L						
SIGNATURE				DATE (MM/DD/YYYY)			
SIGNATURE		DATE (MM/DD/YYYY)					
SI	ND US A COPY	OF THIS FORM SIGI	NED AND DATED. PLEA	ASE KEEP A COP	Y FOR YOUR RE	CORDS!	

Send to Tenth Avenue Alliance Church using one of the following options:

Scan and email to Cindy Chen at cindy@tenth.ca or drop off in person or mail to our address: 11 W 10th Ave, Vancouver, BC, V5Y 1R5 IMPORTANT: Attach a cheque marked "VOID" to avoid errors in transcription. If you change your account or financial institution, please inform us.