

YES! I want to support Change for Children with a pre-authorized monthly contribution.

Name: _____

Address: _____

City/Town: _____

Province: _____ Postal Code: _____

Telephone: _____

Email: _____

I would like my monthly donation to be used in the following areas:

- Undesignated - to be used as needed by Change for Children
- General project account (supporting a variety of projects as required)
- Supporting projects in the country of:

- A specific project:

- Change for Children's Global Education Program in Canada
- The Change for Children Endowment Fund

Thank you! Your monthly gift provides Change for Children with steady, predictable support for our projects and programs throughout the year.

Please print this form and mail with your VOID cheque to:

Change for Children Association

2nd Floor, 10808 - 124 Street, Edmonton, Alberta, T5M 0H3

I/We authorize Change for Children Association to begin Automatic monthly withdrawals from my/our bank account as specified on the enclosed cheque marked "VOID." This authority is to remain in effect until further notification from myself/ ourselves or Change for Children.

Please make a withdrawal in the amount of \$ _____

per month on the _____th day of each month.

Signature(s) of Account Holder(s)*

Date Signed

*For joint accounts where more than one signature is required on cheques, all required signatures must be provided.



www.changeforchildren.org

Registered Charitable Organization No. 11884 9496 RR0001