

I WANT TO BE PART OF THE SOLUTION WITH THE FOLLOWING MONTHLY GIFT

- \$15 \$25 \$35 \$50
 OTHER \$ _____ Starting (Month) _____

I authorize CFCA to deduct the above amount from my bank account or credit card on the 1st, or 15th day of each month or the next business day.

I understand that I can change or cancel this monthly donation at any time by providing written notice of 15 days or more.

Signature _____

Date _____

Please withdraw this monthly amount from my:

- Bank account (attach a VOID cheque)
 Visa MC Amex

Card # _____

Exp date _____

Name: _____

Address: _____

Phone: _____

Email: _____

Thank you! Your contribution is part of the solution!



A single tax receipt will be issued in January for your monthly gift. You can change or cancel your donations at any time by contacting us: Change for Children 2nd Flr, 10808 124 St Edmonton, AB T5M 0H3 (ph. 780-448-1505). Charitable Registration # 11884 9496 RR0001 You have certain recourse rights if any donation does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. For more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca

Registered Charitable #: 118849496RR0001

**Please send to Change for Children Association:
2nd Floor, 10808-124 Street
Edmonton, AB T5M 0H3**