

Charitable Donation Form

Date: _____

Bridges of Hope Project I would like to support: *Hope for Eternity – Uganda***PERSONAL INFORMATION:**

Donor's Name: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Method of Donation **One-time** **Monthly donation**

AMOUNT - \$ _____

 Cheque (Attach) **Cash** **Credit Card** **Debit**For monthly – beginning on: 1st or 16th day (please circle) of _____ (month)**CREDIT INFO:**

Name on the card: _____

Card number: _____ Expiry date: _____

DEBIT INFO:

Please debit my bank account (attach VOID cheque or current banking information):

Transit (5 digits) _____ Branch (3 digits) _____ Account _____

This donation is made on behalf of: **Individual** **Business**

I may revoke my authorization at any time, subject to providing notice of 7 business days by contacting the Bridges of Hope office or my bank.

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 understand that designated gifts to an approved program or project of Bridges of Hope 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, the remaining contribution for the program or project will be used for a similar project or where needed the most, upon approval of the Board of Directors.

Note: Bridges of Hope will issue tax receipts for donations over \$25 in February of next year.

I hereby authorize Bridges of Hope to make a withdrawal from my credit card or bank account according to the information indicated on this form.**Donor's Signature:** _____