

Automated Bank or Credit Withdrawal

I authorize My People to arrange automatic deductions from my bank account or credit card in the amount of \$_____

I would like my monthly donations to be:

PRE-AUTHORIZED BANK DEBIT/ACH (complete below)

Account Holder (s)

Full name of account holder (s)

Signature (s)

Account Information – Include a ‘VOID’ cheque

Canadian

transit bank account number

USA

ABA number account number

Address of Institution _____

Deduct my monthly donation on the 1st 15th month end
of the month beginning ___/___/____ (Date to begin)

OR

CREDIT CARD PRE-AUTH Visa M/C

Note: Credit Card donations are processed on the 15th of the month

Card Number Exp mm/yy CVV

Name on Card

Signature

I may revoke my authorization at any time subject to providing notice of 30 days. I also 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 the terms of this PAD agreement. To obtain more information on my recourse rights, on my right to cancel a PAD agreement, or to obtain a sample

Automated Bank or Credit Withdrawal

I authorize My People to arrange automatic deductions from my bank account or credit card in the amount of \$_____

I would like my monthly donations to be:

PRE-AUTHORIZED BANK DEBIT/ACH (complete below)

Account Holder (s)

Full name of account holder (s)

Signature (s)

Account Information – Include a ‘VOID’ cheque

Canadian

transit bank account number

USA

ABA number account number

Address of Institution _____

Deduct my monthly donation on the 1st 15th month end
of the month beginning ___/___/____ (Date to begin)

OR

CREDIT CARD PRE-AUTH Visa M/C

Note: Credit Card donations are processed on the 15th of the month

Card Number Exp mm/yy CVV

Name on Card

Signature

I may revoke my authorization at any time subject to providing notice of 30 days. I also 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 the terms of this PAD agreement. To obtain more information on my recourse rights, on my right to cancel a PAD agreement, or to obtain a sample

In Canada PO Box 181
Carlisle, ON L0R 1H0
Canada



In USA PO Box 130061
St. Paul, MN 55113-0001
USA

In Canada PO Box 181
Carlisle, ON L0R 1H0
Canada



In USA PO Box 130061
St. Paul, MN 55113-0001
USA

I'd like to partner in ministry with Indigenous people!

NAME & CURRENT ADDRESS Please fill in all Information

Title: _____ Name: _____
Mr/Ms/Mrs . First MI Last

Address: _____
No. & Street City

Prov/State Postal or Zip Code

Phone: (____) - ____ - _____ (____) - ____ - _____
home business

email: _____

DESIGNATE MY GIFT AS FOLLOWS:

Staff Support _____
Staff Name

Programs

Nestooaak **Inenimowin Healing Circle** **Kid's Camp.**

Most Needed

Gift enclosed **\$50** **\$100** **Other \$** _____

Cash **Credit** (see reverse) **Cheque/Check**

NOTE: Please make cheques/checks payable to My People International.

I would like to pledge this amount Monthly \$ _____
(see reverse for options for monthly giving)

If you have questions about your account, our work, or our policies, email us at office@mypeopleinternational.com (Please do not include credit card information in email communications)

I'd like to partner in ministry with Indigenous people!

NAME & CURRENT ADDRESS Please fill in all Information

Title: _____ Name: _____
Mr/Ms/Mrs . First MI Last

Address: _____
No. & Street City

Prov/State Postal or Zip Code

Phone: (____) - ____ - _____ (____) - ____ - _____
home business

email: _____

DESIGNATE MY GIFT AS FOLLOWS:

Staff Support _____
Staff Name

Programs

Nestooaak **Inenimowin Healing Circle** **Kid's Camp.**

Most Needed

Gift enclosed **\$50** **\$100** **Other \$** _____

Cash **Credit** (see reverse) **Cheque/Check**

NOTE: Please make cheques/checks payable to My People International.

I would like to pledge this amount Monthly \$ _____
(see reverse for options for monthly giving)

If you have questions about your account, our work, or our policies, email us at office@mypeopleinternational.com (Please do not include credit card information in email communications)