

Automated Giving

To have your monthly pledge automatically credited to My People's preferred automatic bank or credit card withdrawal plan. Please fill out the form below providing your current address and banking or credit card information to help keep our costs down so that more of the dollars you generously donate can go to support the ministry.

Pre-Authorized Debit (PAD) Agreement (*Indicates Required information in Canada; ** Indicates required in the USA)

*I, _____, individual___ business___ want to support My People International and have my monthly donation automatically credited to My People International.

Please debit my bank account in the amount of: (attach void cheque/check)

\$30 _____ \$50 _____ \$75 _____ \$100 _____ Other Amount (specify) _____

***This amount will be debited from my account on the:** 1st__ 15th__ Month-end__ Other day (specify) _____

*Your Information

Full Name (all account holders if more than one)

Address

Signature(s)

City

Code/Zip

*Canadian Account and Banking Information

Name of Financial Institution

transit #

bank #

account number

If the TRANSIT # begins with a zero please include it here e.g., '01234'

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 cancellation form, I may contact my financial institution or, in Canada, visit www.cdnpay.ca.

**USA Account and Banking Information

Name of Financial Institution

Address of Institution

Bank ABA#

Account number

I may revoke my authorization at any time subject to providing written 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.

Credit Card Auto Debit (*Indicates Required information)

*I, _____, individual___ business___ want to support My People International and have my monthly donation automatically credited to My People International.

Please debit my Credit Card monthly on or about the 15th of each month in the amount of:

\$30 _____ \$50 _____ \$75 _____ \$100 _____ Other Amount (specify) _____

*Your Information

Full Name (all card holders if more than one)

Address

City

Code/Zip

*Credit Card Information

Visa

MC

Amex

Credit Card #

Exp. Mth/Year

Signature(s)



My People

Nitiyinîmak
 Mon peuple
 kl'aayiitsuxadiidis
 Oyate Mitawa
 Ntmimajuinung
 Akonkwetashón:'a
 ΔεδΝ'β
 Mi Pueblo

My People International

In Canada:
 P.O. Box 295
 Evansburg, AB T0E 0T0

In the USA:
 P.O. Box 130061
 Minneapolis, MN 55113-0001

Yes! Count on me to help the ministry with my gift!

MY INFORMATION *Indicates Required Information

*Title: _____ *Name: _____
 (Mr/Ms/Mrs) First MI Last

*Address: _____
 No. & Street City

_____ Prov/State Code/Zip

*Contact () - _____ - _____ () - _____ - _____
 home phone business phone

_____ email

MY GIFT

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

Cash Credit/Debit (see reverse) Cheque/Check

DESIGNATE MY GIFT AS FOLLOWS

Staff Support _____
 Staff Name

iEmergence Nestooak Capacity Building Training Pgms.

Inenimowin Circle for Healing Most Needed

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).