**EMCC & WORLD PARTNERS SUPPORT**

|  |  |  |  |
| --- | --- | --- | --- |
| **EMCC Church Donations** | | $ | |
| **EMCC World Partners – Undesignated** | | $ | |
| **WP SUPERVISED\* GLOBAL WORKERS**  [www.emcc.ca/world-partners/give/support-a-worker](http://www.emcc.ca/world-partners/give/support-a-worker) | | | |
| Robert & Sharlene Dilts:  First Nations, Pikwàkanagàn | | | $ |
| Dan & Anne-Marie Chapple:  Pastoral Training, Mexico | | | $ |
| Ken & Carolyn Benson:  Outreach and Disciple-making | | | $ |
| Dorothy Reid:  Children's Workers Leadership Training | | | $ |
| Stan & Sally Bragg:  First Nations, Saugeen | | | $ |
| **EMCC WP GLOBAL PROJECTS**  [www.emcc.ca/projects](http://www.emcc.ca/projects)  Number (RD700, IPF300), Name, Amount | | | |
| # | Name | $ | |
| # | Name | $ | |
| # | Name | $ | |
| # | Name | $ | |
| **EMCC PENSION & RRSP CONTRIBUTIONS**  Name – Contribution (Pension, RRSP), Amount | | | |
|  | | **$** | |
|  | | **$** | |
|  | | **$** | |
|  | | **$** | |
|  | | **$** | |
|  | | **$** | |
| **TOTAL** | | **$** | |

**Pre-Authorized Monthly Donation Agreement**

I want to support an EMCC Project through monthly donations.

☐ New ☐Update ☐ Personal ☐ Business

Name

Address

City Prov Postal Code

Telephone Email

**Payment Frequency**

Withdrawal Date: ☐ 1st day of each month ☐ 16th day of each month

☐ one-time gift

**$**

\_\_\_\_\_\_\_\_\_\_\_\_ per month starting in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Month

**Attached Cheques**

☐ I am enclosing a one-time cheque or cash Cheques can be

☐ I am enclosing post-dated cheques issued to EMCC

**Please debit my bank account (Please attach VOID cheque)**

Name of Financial Institution

**Information on file**

\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch # (5 digits) Institution # (3 digits) Account Number

**Please charge my Credit Card**

☐ Visa ☐ Mastercard

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Card Number Expiry CVV

**Authorization**

Signature ­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that I may cancel my bank or credit card authorization at any time with 30 days written notice to EMCC. For more information on my right to cancel a PAD agreement, I may contact my financial institution or visit www.cdnpay.ca. I 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 this PAD agreement. To obtain more information on my recourse right, I may contact my financial institution or visit www.cdnpay.ca The Payor and Payee agree to waive the pre-notification requirement under the CPA Rules to receive a written pre-notification prior to each pre-authorized payment

Spending of funds is confined to board approved programs and projects. Each restricted contribution designated towards a board approved program or project 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 for any reason determined by the board, the remaining restricted contributions designated for such program or project will be used where needed most.

**Questions? Call 1-877-375-7600 ext. 223**