



## Monthly Giving Donation Form

Together we can bring dignity and hope for a brighter future to some children in Haiti by giving them the opportunity to become the person they were created to be. Your donation helps ensure our family of precious children is loved and receives the basics of life – nourishment, clean and safe water, clothing, medical care, an education as well as belonging to a local faith community.

Your support would be greatly appreciated and with your permission, we would be pleased to process your donation automatically through your bank account on the 15th of each month. (Please complete the information below). You will receive a tax receipt annually for all donations made during the year.

### **Donor Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Please attach a voided cheque or complete the bank account information below.

### **Bank Account Information**

Deposit Account Number: \_\_\_\_\_ Branch Transit Number: \_\_\_\_\_  
Financial Institution Number: \_\_\_\_\_  
Financial Institution Name: \_\_\_\_\_  
Branch Address: \_\_\_\_\_

### **Agreement**

I authorize Open Doorways Orphanage Inc., on the 15th day of each month, to debit my bank account in the amount of \$\_\_\_\_\_.

Should there be any changes in my mailing address and/or bank account information, I will notify Open Doorways Orphanage Inc. promptly. I may revoke my authorization at any time upon Open Doorways Orphanage Inc. receiving notice not less than five business days before the transaction processing date. To obtain a sample cancellation form, or for more information on my right to cancel a PAD agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

### **Signature required below:**

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

Once completed, please mail this form to:

Open Doorways Orphanage Inc.  
Box 405  
Beausejour, MB R0E 0C0

**Statement of Recourse:** You have certain recourse rights if any debit does not comply with this agreement and you have the right to receive reimbursement for any debit that is not authorized or consistent with this PAD agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).