

Pembina Active Living (55+)

"Enhancing the Lives of Older Adults of South Winnipeg"

R.P.O. Box 34056, Winnipeg, MB R3T 5T5

office@pal55plus.ca 204-946-0839



Monthly Pre-Authorized Remittance Form (PAR)

Donation Type: Personal Business

Donor Name: _____
Surname Given Name Initial

I would like to be listed as "Anonymous" on the donor recognition documents.

Full Address: _____

City/Town Province Postal Code

Email: _____ Phone: (204) _____

PAL (55+) PAR No: 8090425

I would like to be a PAR donor

I would like to change my financial info

I would like to change my donation amount

I would like to cancel my PAR donation

Effective Date: _____

PAL (55+) PAR Administrator:

PAL (55+) Treasurer

Phone: 204-946-0839

Email: treasurer@pal55plus.ca

PAL (55+) Member? Yes No I am interested in becoming a PAL (55+) member. Yes No

Yes, I would like to make a donation to PAL (55+).

Monthly (until further notice): \$5 \$10 \$15 \$20 \$25 \$50 Other:
\$ _____

Option 1: Pre-Authorized Debit ~ Please attach a **VOID** cheque ~

Please note that a service charge of 50 cents will be levied on each monthly transaction.

I request/authorize **The United Church of Canada** to debit my account on the 20th of every month, starting the 20th of _____, 20_____. I also recognize and agree to the following:

- I may change the amount of my contribution at any time by contacting our Pembina Active Living (55+) PAR Administrator.
- 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 PAR agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.
- I waive my right to receive pre-notification of the amount of pre-authorized remittance (PAR) and agree that I do not require advance notice of the amount of PAR before the debit is processed.
- My PAR Agreement may be cancelled at any time provided notice is received 15 days before the 20th of the month.

Signed: _____ Dated: _____

Option 2: Credit Card **Visa** **MasterCard** **American Express**

Please note that by using a credit card, a 2-3% service charge reduces the total amount of your donation to PAL (55+).

Card number: _____ - _____ - _____ - _____ CVV Code: _____ Expiry: _____
Please print clearly - 16 digits MM YYYY

Name on card: _____

Signed: _____ Dated: _____



~ Thank you for your generosity ~



The United Church of Canada (UCC) is the administrator of Pembina Active Living (55+)'s Pre-Authorized Remittance (PAR) program.

The use, retention, and disclosure of personal information collected from this form is done in compliance with all applicable federal and provincial privacy legislation, and adheres to the principles of the *Personal Information Protection and Electronic Documents Act (S.C. 2000, c.5)*.