



Please complete and email to
info@centralalbertacac.ca or mail to
304, 4820 – 50 Avenue Red Deer,
Alberta T4N 4A4

Monthly Giving Form

PERSONAL INFORMATION

Donor Name: _____

Address: _____ City: _____

Postal Code: _____ Email: _____ Cell: _____

Any receipts generated will match payors name.

DONATION INFORMATION

Yes, I want to make a monthly gift to help change the way our community responds to child abuse.

\$25 \$50 \$75 \$100 Other \$ _____ (minimum \$10 per month)

PAYMENT METHOD

I authorize the Central Alberta Child Advocacy Centre to arrange automatic withdrawals from my bank account or my credit card on a monthly basis on the 1st of the month (or next business day) or 15th of the month (or next business day).

I have enclosed a cheque marked VOID, or my bank's completed Pre-Authorized Debit form

I prefer to make a pre-authorized payment with my credit card VISA Master Card American Express

Credit Card Number: _____ Expiration Date: _____

Card Holder's Name: _____ CVV _____

Signature: _____ Date: _____

Your gifts are combined with those of other caring donors to help change the way our community responds to child abuse. Each February, we will send out tax receipts for the total of the year's contributions. You may revoke or make changes to this authorization at any time in writing or by calling the CACAC at 587-272-2233 with 10 days notice. To obtain a cancellation form, or for more information on your right to cancel a pre-authorized payment or your recourse rights, you may contact your financial institution or visit www.cdnpay.ca.

BE BRAVE. GIVE TODAY.
www.centralalbertacac.ca