

GIVING FORM

HANDS AT WORK IN AFRICA (CANADA) SOCIETY

Our vision is to see the local church in Africa effectively caring for the orphans and widows and unified in this mission with the church outside Africa.



PLEASE PRINT CLEARLY. This information is for tax receipt purposes. We will also put you on our eNewsletter list so that you can hear about how your contribution is making a difference in the lives of vulnerable children in Africa. You may unsubscribe at any time.

Project: _____

Date: _____ Contact me by: Email Mail Phone

Name: _____ Church: _____
(if applicable)

Address: _____

City: _____ Prov: _____ PC: _____

Email: _____ Phone: (_____) _____

I would like to make a **monthly donation** to Hands at Work in Africa (Canada) Society \$20 \$60 $______ \times \$20 = \$______ (total\ monthly\ donation)$

Date of first withdrawal the 1st 15th

I would like to make a **one time donation** to Hands at Work in Africa (Canada) Society $______ \$______ (total\ one\ time\ donation)$

*to increase, decrease or terminate your recurring donation please do so in writing to: Hands at Work in Africa (Canada) Society. Please allow 30 days for processing.

GIVING OPTIONS Please select one of the following:

CASH | CHEQUE # _____ Date: _____ Please make payable to Hands at Work in Africa (Canada) Society

ELECTRONIC FUNDS TRANSFER** I/We request that the monies due in terms of the arrangements covered by this document, be drawn using the option selected from my/our account conducted with the aforementioned institution.

I have enclosed a VOID cheque.

CREDIT CARD

Name on Card _____ Type of Card VISA Mastercard American Express

Card Number _____ Expiry Date ---

** Signature required for authorization of Electronic Funds Transfer or Credit Card option

Signature _____ Date _____

Joint Signatory _____ Date _____
(if applicable)

Hands at Work in Africa (Canada) Society is a registered Canadian charity (848314225RR0001). Tax receipts will be issued to the donor whose name appears on the cheque or credit card and will be issued after December 31st of that year. All requests may take two weeks to process.

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAD agreement. To obtain more information for your recourse rights contact your financial institution or visit www.cdnpay.ca

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