

PO Box 57100 RPO East Hastings Vancouver, BC V5K 5G6

1 604 255 5262 admin@projectfunding.ca

Donation Information

| Yes, I would like to support | | |
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| | (Missionary / Project Name) | (Code) |
| And I authorize Youth With A Mission to debit my account for an automatic monthly donation of \$ | | |
| Beginning on the 1st□ 15th□ or 20th | □ of | |
| I would like to add an additional: ☐ one-time gift of \$ | ☐ 4% to cover ac | dmin fees |
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| This donation is made on behalf of ☐ Individual ☐ Business or Church | | |
| Withdrawals from Youth With a Mission should appear on your bank statement as 'Youth With a Mission'. If you have any concerns, please do not hesitate to contact our office. You will receive an annual receipt only. This authorization will continue until such a time as the project you are supporting concludes, or Youth With A Mission receives written notice from you to discontinue future payments. | | |
| You have certain recourse rights if any debit does not to receive reimbursement for any debit that is not author your authorization at any time, subject to providing no cancellation form, or for more information on your Agreement, you may contact your financial institution or very supplied to the contact your financial institution or | rized or is not consistent with the otice of at least FIVE (5) busing recourse rights, or to cance | his agreement. You may revoke ness days. To obtain a sample |
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