



YWAM Foundation

When You Give, We Can Go

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 _____
(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 _____ / _____
(Month) (YYYY)

I would like to add an additional:

one-time gift of \$ _____ 4% to cover admin fees

Donor Information

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

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 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 this agreement. You may revoke your authorization at any time, subject to providing notice of at least FIVE (5) business days. To obtain a sample cancellation form, or for more information on your recourse rights, or to cancel this Preauthorized Donation Agreement, you may contact your financial institution or visit www.payments.ca

I have attached a void cheque (required)

Signature: _____

Date: _____

(DD/MM/YYYY)