I would love to support the children of Jennifer Ashleigh Children's Charity on a monthly basis with a donation.

☐ Please debit my bank account (*VOID cheque attached)* for the amount indicated below:

*The debit will be processed to your account on the 1st day of each month or the next business day.

☐ $10 ☐ $18 ☐ $25 ☐ $50 ☐ Other Amount: _____

_____ _____

Signature Required Print Name Date

_____ _____

Address City Prov. PC

_____ _____

Phone Number Email Address

This donation is made on behalf of: ☐ An Individual ☐ A Business

I may revoke my authorization at any time, subject to providint notice of 30 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca I have certain recourse rights if any debt does not comply with this agreement. For example, I have the right to receive reimbursement for any debt that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

We treat your personal information with respect. We do not rent, sell, or trade our mailing lists.