



# Renfrew County Child Poverty Action Network

c/o The Phoenix Center for Children and Families  
 130 Pembroke Street West, Pembroke, ON, K8A 5M8  
 Phone: (613)735-2374 Ext. 250 Fax: (613)735-2378

## CPAN Monthly Giving Program

**On behalf of the children we serve we thank you in advance for your help and support, it is truly appreciated. CPAN is not government funded and relies on charitable donations to operate.** Money will be used to **help local children in need** through our programs such as; Backpack Plus, Operation Snowsuit, Harmony, School Inclusion, etc. as well as to support CPAN's work with education and advocacy. **AN ANNUAL TAX RECEIPT WILL BE PROVIDED.**

*I want to help local children in need have access to the supports and services they need to live healthy, fulfilling lives free of poverty by supporting CPAN in the following way:*

### SECTION A

**Monthly** donation of  \$10  \$20  \$30  \$50  other: \_\_\_\_\_ (Please specify amount)

(The debit will be processed to your account on the 20<sup>th</sup> of each month or the next business day)

**Annual** pledge of: \_\_\_\_\_ to be processed on the 20<sup>th</sup> (or next business day) of (please state month): \_\_\_\_\_

**Bank Information for Pre-Authorized Payment** (This information can be found at the bottom of your cheque or at your banking institution)

I have enclosed a void cheque

Please deduct the amount indicated in section A from my bank account on the agreed date.

Transit # (5 Digits)	Institution # (3 Digits)	Account # (7 Digits)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**This donation is made on behalf of:**  an Individual  a Business (name) \_\_\_\_\_

I understand that I have the right to cancel at any time, and payments will cease within 10 business days of receipt of written notice. 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](http://www.cdnpay.ca).

I understand I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit 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](http://www.cdnpay.ca).

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_