



REED
998 East 19th Avenue
Vancouver, BC V5V 1K7
604.753.9929
info@embracedignity.org
www.embracedignity.org

Yes, I'd like to help end sexual exploitation!

MR. MRS. MS. (circle title)

FIRST NAME _____ MIDDLE INITIAL ____ LAST NAME _____

STREET ADDRESS _____

CITY _____ PROV _____ POSTAL CODE _____

PHONE _____ EMAIL _____

Cheque Donations (One-Time or Monthly)

I want to make a one-time donation. I have enclosed a cheque, payable to **REED**, for:

\$50 \$100 \$500 \$1,000 \$5,000 \$ _____

I want to make monthly donations. I have enclosed 12 post-dated cheques, payable to **REED**, each for:

\$25 \$50 \$100 \$250 \$500 \$ _____

Monthly Pre-Authorized Debit Donations

I want to make monthly donations to REED via pre-authorized debit.

Please debit my bank account on: the 1st day of each month* the 15th day of each month*

For the following amount: \$25 \$50 \$100 \$250 \$500 \$ _____

This donation is made on behalf of: an individual a business

Please provide the following (or I have enclosed a **VOID cheque**):

Financial Institution #: _____ Transit #: _____ Account #: _____

SIGNATURE _____ DATE OF AGREEMENT _____

I may revoke my authorization at any time, subject to providing notice of 15 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 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.

* There may be up to a four-day delay due to weekends/holidays and processing times.