

# Frontiers Canada Donation Response Form

Designation: ☐ Ministry of: \_\_\_\_\_ \$ \_\_\_\_\_ ☐ Sending Fund \$ \_\_\_\_\_

M/Mrs/Miss/Ms \_\_\_\_\_  
(First) (Middle Initial) (Last)

Address: \_\_\_\_\_  
(PO Box or Street) (City) (Province) (Postal Code)

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

If you are mailing a cheque, you need only to fill in the top section of this form. (Please do not write designation information on your cheque.)

## Credit Card Donation Agreement

You may also give by credit card online at [frontiers.ca/give/](http://frontiers.ca/give/)

I authorize **Frontiers** to withdraw ☐ monthly ☐ a special donation(s) in the amount of \$ \_\_\_\_\_ to process against my credit card. This agreement will remain in effect until either **Frontiers** or my bank is notified in writing of this agreement being ended.

Start Date: \_\_\_\_\_ (Day) \_\_\_\_\_ (Month) \_\_\_\_\_ (Year)

*Authorization or cancellation of withdrawal must be received a minimum of 10 days prior to date of transfer.*

Card Type: ☐ MasterCard ☐ Visa

Card No: \_\_\_\_\_ CVV: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ (mm/yyyy)

Please sign this form in the space provided below.

## Pre-Authorized Debit (PAD) Donation Agreement

You may also set up PAD donations online at [frontiers.ca/give/](http://frontiers.ca/give/)

I authorize **Frontiers** to withdraw monthly donations in the amount of \$ \_\_\_\_\_ from my financial institution. This agreement will remain in effect until either **Frontiers** or my bank is notified in writing of this agreement being ended.

Start Date: **1st** or **15th** (Circle one) day of \_\_\_\_\_ (Month) \_\_\_\_\_ (Year)

*Authorization or cancellation of withdrawal must be received a minimum of 10 days prior to date of transfer.*

**For pre-authorized debit: Please include a cheque marked VOID with your completed form.**

Please sign this form in the space provided below.

I have read and understand the information provided. I may revoke my authorization at any time. I have certain recourse rights if any debit does not comply with this agreement. To obtain more information on my recourse rights, or to obtain a sample cancellation form, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

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

Please return form to:

**Frontiers**

**Box 48004**

**Winnipeg, MB R2J 4A3**

**(204) 962-7712**

**[frontiers.ca/give/](http://frontiers.ca/give/)**

**[info@frontiers.ca](mailto:info@frontiers.ca)**

**For your protection:** Please do not send this form or a voided cheque by email. If you prefer to send electronic copy, you may upload at our secure site:

[frontiers.ca/pad-uploads/](http://frontiers.ca/pad-uploads/)



**Stewardship Policy:** Spending of funds is confined to programs and projects approved by the Board of Friends in Formation. Each restricted contribution donated toward such an approved program or project will be used as restricted by the donor with the understanding that when the need for such a program or project has been met or cannot be completed for any reason as determined by the Board, the remaining restricted contributions will be used where needed most.

**Frontiers Canada (also known as Friends In Formation) Charitable Registration: 118933373 RR0001**