

**CAMPAIGN
DONATION/PLEDGE
FORM**

Donor Information

Name: Mr. Mrs. Ms. Dr. _____

Organization: _____ Contact Name: _____

Mailing Address: _____

City/Province: _____ Postal Code: _____

Phone: _____ Email: _____

We want to help achieve the dream of **ONE KIDS PLACE** Children's Treatment Centre by supporting The Campaign with our gift of \$_____.

Signature: _____ Date: _____

Payment Options (cash, cheque, credit card, automatic withdrawals)

Cheque(s) enclosed
(payable to One Kids Place)

Void Cheque Enclosed
(for automatic withdrawal please complete page 2 of this form)

Mail Cheque upon Reminder

VISA

MasterCard

American Express

CREDIT CARD NUMBER

EXPIRY DATE

SIGNATURE

Installments: We prefer to make our payments: One time lump sum payment of total gift, or \$_____ paid: Annually Monthly Other _____ beginning _____ (month/year) payable over: 1 Year 2 Years 3 Years 4 Years 5 Years

We would like our name to appear as _____ (restrictions may apply) on published donor recognition lists or,

We wish our gift to remain anonymous.

Note: All gift amounts are confidential. Anonymous gift indications signifies your name(s) will not used in any public donor recognition.

To make your donation by phone or for more information, please contact Mary Kraft, Administrative Assistant, at 1-800-626-9100 or (705)476-KIDS (5437), Ext. 3879

**THANK YOU
FOR YOUR
SUPPORT!**

Please mail this reply, along with your cheque, void cheque or completed credit card information. Cash donations should be delivered in person.

ONE KIDS PLACE
www.onekidsplace.ca

400 avenue McKeown, North Bay, Ontario P1B 0B2 1-866-626-9100
100 Frank Miller Dr. Huntsville, Ontario P1H 1H7 1-866-232-5559
70 Joseph Street, Unit 304, Parry Sound, Ontario P2A 2G5

All donors will receive a tax receipt for the full gift amount. Charitable registration number (BN) 83999 6873 RR0001

PRE-AUTHORIZED DEBIT PLAN AGREEMENT

(please complete this page if you have opted for automatic withdrawal payments on the previous page)

Please complete the Pre-Authorized Debit (PAD) Plan Agreement below

I want to help achieve the dream of **ONE KIDS PLACE** Children's Treatment Centre by supporting the Campaign through monthly pre-authorized debit donations.

Donor Name: _____ (please print clearly)

Address: _____

Phone/Email: _____

Signature: _____ Date: _____

Please debit my bank account: (attach VOID cheque)

\$25.00 \$50.00 \$75.00 Other Amount _____ (specify)

The debit will be processed to your account on the 2nd Monday of each month or the next business day.

This donation is made on behalf of: **an Individual, or** **a Business**

Cancellation of Agreement: You may revoke your authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD agreement, you may contact your financial institution or visit www.cdnpay.ca.

Recourse/Reimbursement: 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 PAD Agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit www.cdnpay.ca.

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