

Making a donation

My information

Ms. Mrs. Mr. Dr.

First Name Initial(s) Last Name

Home Address City Province Postal Code

Phone Work Phone Email

Preference for contact: Email Mail Telephone

This donation is made on behalf of: An individual An organization

Organization name: _____

My gift to the Pembina Institute

Option 1: Monthly giving

I would like to become an ongoing supporter of the Pembina Institute with a monthly gift of:

\$15 \$25 \$50 \$100 Other \$_____

I would like my donation to be processed on the indicated date, or on the next business day:

1st of the month 15th of the month

Please take my monthly donation from my:

Chequing account *attach a void cheque Credit card *fill in information below

Signature

Date

I may revoke my authorization at any time, subject to providing notice of 10 business days to the Pembina Institute at 1-403-269-3344 x100, donations@pembina.org or by mail at the address below. Also, 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 pre-authorized debit (PAD) agreement. For more information on my right to cancel a PAD agreement or on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

Option 2: Single gift

I would like to send a one-time donation of:

\$50 \$100 \$200 \$350 Other \$_____

