



HOME OF THE GOOD SHEPHERD MINISTRIES INC.

PO Box 34127, RPO Fort Richmond, Winnipeg, MB, R3T 5T5

Phone/Fax: (204) 275-7829

Email: info@hgsbrazil.org

www.hgsbrazil.org

Name: _____

Mailing Address: _____

Postal Code: _____ Province: _____ Phone: () _____

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Enclosed is a void cheque and I authorize Home of the Good Shepherd Ministries Inc. to debit my bank account for \$ _____ per month from the account specified on the attached void cheque.

My donation is designated to:

Child Sponsorship Amount (per month): \$ _____ Starting (Month/Year): _____

Field Representative Amount (per month): \$ _____ Starting (Month/Year): _____

General/Operating Fund Amount (per month): \$ _____ Starting (Month/Year): _____

This donation is made on behalf of: _____ an Individual _____ a Business

Please withdraw funds on the:

___ 1st of the month

___ 15th of the month

Signature: _____

Date: _____

This authorization may be cancelled upon 30 days written notice. To obtain a sample cancellation form, or further information on your right to cancel a PAD Agreement, you may contact your financial institution or visit www.cdnpay.ca.

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, contact your financial institution or visit www.cdnpay.ca.