



TRANSFORMATION CANADA

Pre-Authorized Contribution (PAC) Form

For setting up pre-authorized withdrawals from your checking account.

Your Information:

Name:

Address:

City:

Province:

Postal Code:

Country:

Email:

Phone:

Gift Designation:

Gift Amount

General Operating Expenses:

Other Designation:

Total Monthly Donation Amount:

Giving Details: *I hereby authorize Transformation Canada to arrange a Pre-Authorized Contribution in the amount outlined above, with:*

- Deductions from my checking account:**
Your account must have checking privileges. Please enclose a sample check marked "VOID".
- Credit Card**
- Mastercard** **Visa**

Cardholder Name:

Card Number:

Expiration Date:

Signature:

Please make this transaction on the 1st or 16th day of the month.

