



TRANSFORMATION CANADA

Pre-Authorized Contribution (PAC) Form

For setting up pre-authorized withdrawals from you 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.

