



Glacier View Lodge
 Non-profit Residential Care Facility
 2450 Back Road, Courtenay, BC, V9N 8B5
 Tel: 250-338-1451 – Fax: 250-338-1115
 Registered charitable number: 107434235RR0001



Donation Form

Donation amount \$ _____ per month or single donation

Tax Receipt Information (Must be the same name as bank account holder)

Mr. Mrs. Miss Ms. Dr.

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____ Prov. _____ Postal Code: _____

Phone #: _____ Email: _____

How do you prefer to be contacted? Phone Email Mail or Please do not contact me

Payment method:

By Pre-Authorized Debits Agreement (using a void cheque)

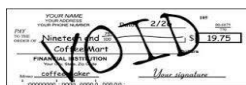
Cheque enclosed - please make cheque payable to **Glacier View Lodge**

Pre - Authorized Debit Agreement (PAD)

This donation is made on behalf of: _____

I authorize Glacier View Lodge to withdraw my monthly donation from my bank account each month. (See below for terms).

Bank Account (name of bank _____) void cheque attached



Authorization Signature: _____ Date _____

Terms of PAD

When you become a monthly donor to Glacier View Lodge, your pledge will be withdrawn from your bank account on the 15th of each month or the following business day. If you wish to change or cancel your authorization at any time, contact Glacier View Lodge in writing. Your request will be processed within 30 days in accordance with the Canadian Payments Association.

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for a debit that is not authorized or is not consistent with the terms of this PAD Agreement.

Thank you for donating to our community at Glacier View Lodge!