WILDERNESS COMMITTEE TRAILBLAZERS

Leading the way in wilderness preservation

Complete this form and mail to the address below.
You can also send it by fax to (604) 683-8229. Please print clearly.

1. Contact Information Date: _____

First Name Last Name

Address City

Province/State Postal/Zip Code Country

Phone (with area code) Email ❒ Yes, send me updates via email.

2. Donation amount

❑ **$10/month** ❑ **$20/month** ❑ **$** _____ **/month** ($5 min.)

3. Payment

I authorize the Wilderness Committee to receive the above amount on:

❑ **the 1st** or ❑ **the 15th** of each month (or the next business day) without further notification.

Please debit my: ❑ **Bank account** (attach *VOID* cheque) ❑ **Visa**
❑ **Mastercard** ❑ **American Express**

This donation is made on behalf of: ❑ **an individual** ❑ **a business**

Name (as it appears on card)

Card Number Expiry Date

Signature

Whether you join by credit card or cheque, **PLEASE MAKE SURE YOU FILL OUT AND SIGN THIS FORM**.

I understand that 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. To obtain a sample cancellation form, or for more information on my recourse rights or on my right to cancel a PAD agreement, I may contact my financial institution or visit www.cdnpay.ca I may change or revoke my authorization at any time, subject to providing notice of 15 days by contacting:

WILDERNESS COMMITTEE

46 E. 6th Avenue, Vancouver, BC V5T 1J4
1-800-661-9453 (toll free) or (604) 683-8220 in BC's Lower Mainland
memberservices@wildernesscommittee.org

A tax receipt will be issued each February for the full amount of your monthly gifts in a calendar year.

Charitable registration # 11929-3009-RR0001