

Churchill Academy Pledge

I (we) wish to support Churchill Academy Incorporated (the "school") by donating the following:

Option A

\$10 per month

Option B

\$ _____ per _____
(amount) (month /year)

*I (we) select: _____
(Option A / Option B)

Please adjust my (our) donation annually by increasing it 2% to account for inflation.
(e.g. increase my \$10 donation to \$10.20 next year and to \$10.42 the year after, etc.)

YES NO

payment option:

<input type="checkbox"/>	Mastercard	Name on Card

<input type="checkbox"/>	Visa	Card Number

		Expiry

<input type="checkbox"/>	Pre-Authorized Debit*

	Financial Institution (FI)

	FI Account Number

	FI Branch Number

* attach VOIDED cheque

By signing below, I (we) authorize the school to withdraw the donation amounts set out above by the payment method selected until I (we) give notice to the school to cease such withdrawals.

Signature(s)
Name(s)
Address
Phone
E-mail

Date

		062	
PAY TO THE ORDER OF _____	\$ _____	20____	CHEQUE NUMBER
VOID			
MEMO _____			
⑆ 082⑆ ⑆ 2052⑆ 001⑆ 0253⑆ 0213883⑆			
CHEQUE NUMBER	BRANCH NUMBER	INSTITUTION NUMBER	ACCOUNT NUMBER

See www.cdnpay.ca for rights you have in the event of an unauthorized withdrawal.