



PARTNERSHIP CARD

Charitable Tax #108228362RR0001
Edmonton Youth for Christ Society

Name _____

Address _____

City _____

Province _____ Postal Code _____

Phone _____

Email _____

Partnership Opportunities

please indicate how you would like to partner with Youth Unlimited

Prayer - please send me requests

Volunteering

Informed Advocate - please send me your newsletters

Financial Support

Monthly Donation: via credit card or direct withdrawal for the amount of: \$ _____

One Time Gift: Enclosed is my donation for the amount of: \$ _____

Please designate my donation towards: _____

If no designation is indicated, funds will be directed to where most needed

PAYMENT INFORMATION

- ☐ Cheque (Payable to "Youth Unlimited")
- ☐ Direct Withdrawal (Include a void cheque or bank info)
- ☐ Cash ☐ VISA ☐ MasterCard ☐ AMEX

Credit Card # _____

Expiry ____/____

Name on Card _____

Signature _____

MONTHLY WITHDRAWAL OPTIONS:

Monthly Transfer Date: ☐ 1st or ☐ 15th

Beginning the month of _____, 20____

- ☐ I authorize Youth Unlimited to arrange monthly automatic withdrawal of the above amount from my bank account/ credit card payable to Youth Unlimited.

Signature _____

You also have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on your recourse rights or your right to cancel a PAD agreement, or to obtain a sample cancellation form, contact your financial institution or visit www.cdnpay.ca

**All financial gifts over \$20.00 are tax deductible*

THANK YOU FOR PARTNERING WITH US TO PROVIDE YOUTH THE OPPORTUNITY TO **EXPLORE POTENTIAL & DISCOVER HOPE**



Box 42051, Millbourne RPO
Edmonton, AB - T6K 4C4
p: 780 437 3000
f: 780 469 7682
admin@yuedmonton.com
www.yuedmonton.com