



Office Phone: 306-741-1229
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Friends of Camp Lemieux Donations

I/we would like to make a one-time gift of \$_____.

I/we would like to have a monthly gift of \$_____ automatically deducted from my bank account on:

Withdrawal Date: 1st of the month _____ 14th of the month _____
(Please check one...and include a **VOID** cheque)

Start Date: Month _____ Day _____ Year _____

This donation is made on behalf of: An Individual A Business

Name: _____

Email: _____

Address: _____

Phone: _____

I authorize Camp Lemieux to make monthly deductions from my bank for the amount indicated above.

I may revoke my authorization at any time, subject to providing Camp Lemieux a notice of 30 days.

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 debt that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

Signature: _____ **Date:** _____

Choosing Automatic Withdrawals? Be sure to include a VOID cheque!

Note: All donors will receive an income tax deductible receipt at the end of the year.