WILDERNESS SAVINGS PLAN

Protecting wilderness and wildlife for life

Please 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) E-mail (optional)

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.cndpay.ca I may change or revoke my authorization at any time, subject to providing notice of 15 days by contacting:

WILDERNESS COMMITTEE

P.O. Box 2205, Station Terminal,
Vancouver, BC V6B 3W2
1-800-661-9453 (toll free) or (604) 683-8220
in BC's Lower Mainland
memberservices@wildernesscommittee.org

For monthly gifts, a tax receipt for the total amount of your monthly gifts in a calendar year (less a special reduced $10 annual membership fee) will be issued to you each February. (charitable registration # 11929-3009-RR0001)