



You can become an ARISE Monthly PAR Donor for as little as \$5 a month!!

| | |
|---------------|-----------------|
| Donor Name: | |
| Address: | |
| City: | Province: |
| Postal code: | |
| E-mail: | |
| Phone Number: | Gift amount: \$ |

I request and authorize The ARISE Ministry to debit my account on the 20th of every month, starting the 20th of _____ this year of 20____. I also recognize and agree to the following:

I may change the amount of my contribution at any time by contacting our church PAR contact. 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 PAR agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca. I waive my right to receive pre-notification of the amount of pre-authorized remittance (PAR) and agree that I do not require advance notice of the amount of PAR before the debit is processed. The use, retention and disclosure of personal information collected from this form is done in compliance with privacy legislation including, but not limited to, the *Personal Information Protection and Electronic Documents Act (2000, c.5)*.

PLEASE ATTACH A VOID CHEQUE or PROVIDE A CREDIT CARD NUMBER

Credit Card: Visa or Mastercard (Please Circle)

#: _____ Expiry Date: _____

Signature: _____ Date: _____

FOR OFFICE USE:

ARISE PAR number: 5150225
ARISE PAR administrator: Anne Wright
Phone number: 647.497.7312 E-mail: anne@ariseministry.ca

Return this authorization form along with your void cheque to the Arise Ministry, ARISE Treasurer, 101 Wilson Avenue, North York, ON M5M 2Z9. You may also scan and e-mail this form and void cheque to admin@ariseministry.ca

PLEASE NOTE THAT THERE IS A \$5 MINIMUM

For more information or assistance please contact:

Anne Wright, Administrator
ARISE Ministry
Phone: 647.497.7312 or Email: anne@ariseministry.ca