



PRE-AUTHORIZED DONATION PLAN

Payor Authorization & Agreement

Account Holder:			
_____		_____	
Exact Name in which Account is Held		Address	
_____	_____	_____	_____
City	Province	Postal Code	Telephone Number

With this authorization and from the information recorded on your cheque, all future monthly donations will be withdrawn from your account automatically until otherwise directed. No further cheques are required.

PAP donations will be acknowledged with a single year-end tax receipt for total giving in that year. You may change your PAP contributions at any time by notifying our office. Notifications received after the 5th of the month will be effective the following month.

I/We hereby authorize RISING ABOVE to arrange automatic deductions from my/our bank account in the amount of \$ _____ on the 15th day of each month beginning on the month of _____, in the year 20__.

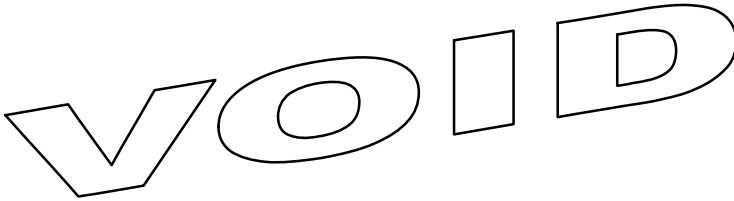
Please apply my gift as follows:
\$ _____ General Fund \$ _____ Staff Support Fund

Signature(s) or Authorized Signature(s) of Account Holder(s) **(Date)**

Signature(s) or Authorized Signature(s) of Account Holder(s) **(Date)**

***Both signatures are required for joint accounts.**

- I will commit to praying for Rising Above. Please send me your monthly prayer bulletin *Prayerlines*.
- Please send me your semi-annual newsletter *Soaring Eagle Tepachimowin*.

<p>For verification, please attach a blank cheque below marked "VOID".</p> 

Mail this form to: **RISING ABOVE** Box 930 Niverville, MB R0A 1E0
Ph. 204-388-5408 Fax 204-388-5365
info@risingabove.ca www.risingabove.ca