



Rising Above Abuse Counselling Centre 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With this authorization and from the information recorded on your cheque, all future monthly donations will be withdrawn from your account automatically until otherwise directed.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.

I authorize RISING ABOVE to draw \$ _____ from my bank account on the 15th day of each month beginning on the month of _____, in the year 20___. Please apply my gift as follows*:

\$ _____ **General Fund**

\$ _____ **Rising Above Band**

\$ _____ **Parry Sound Ministry** - under the direction of Johan Strydom (includes salary/ministry expenses)

\$ _____ **Niverville Operations** - under the direction of Terry Martin (includes salary/ministry expenses)

\$ _____ **Winnipeg Counselling** - ministry of Indigenous staff Rosie Boskoyous (includes salary/ministry expenses)

\$ _____ **Smithers Ministry** - under the direction of Indigenous staff member Daren George (ministry expenses)

\$ _____ **Ottawa Executive Leadership** – under the direction of Ben Lim (includes salary/ministry expenses)

Signature of Account Holder

**Both signatures are required for joint accounts.

Signature of Account Holder**

Donations are made by: Business Individual

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

Spending of funds is confined to board approved programs and projects. Each restricted contribution designated towards a board approved program or project will be used as designated, with the understanding that when the need for such a program or project has been met, or cannot be completed for any reason determined by the board, the remaining restricted contributions designated for such program or project will be used where needed most.

For verification, please attach a blank cheque marked "VOID".

VOID

- 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* .
- Please use my email address: _____

You may unsubscribe to our mailing list at any time by contacting our office.

Mail this form to: RISING ABOVE Box 930 Main St. Niverville, MB R0A 1E0