



JOIN THE HI-FIVE CLUB!

Rising Above Abuse Counselling Centre
PRE-AUTHORIZED DONATION PLAN



Sign me up! I authorize RISING ABOVE to draw \$5 \$10 \$25 \$_____ from my bank account on the 15th day of each month beginning on the month of _____, in the year 20_____ for the General Fund.

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

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 Niverville, MB R0A 1E0**
OR Email a scan or picture of this form to: **info@risingabove.ca**