



P.O. Box 60082
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www.ocpsa.com ♦ 1-866-286-2772

Donation / Pledge Form

YES, I want to support OCPSA and give the **Gift of Participation through a:**

Monthly Gift of:

- \$15 \$25 \$35 \$50
 \$75 \$100 \$150 Other:

One-time Gift of:

- \$50 \$100 \$250 \$500
 \$1000 Other:

Personal Information

First Name	Last Name	and/or Company Name (if applicable)
Address		Apt/Suite
City, Province		Postal Code
Phone Number	Email Address	

Payment Details

- I have enclosed my cheque made payable to OCPSA.
- I prefer to donate by credit card (*complete box on right*).
- I prefer to donate through my bank account (*complete box below*). Note: for monthly gifts only.

Please charge my donation to:



CARD #

SIGNATURE

EXPIRY

- Check this box if you are fulfilling a donation/pledge promise made during one of our telephone campaigns. (*Note: this is important for tracking/assessment purposes*).
- Check this box if you would like to remain anonymous for donor recognition purposes.

I authorize OCPSA to deduct my donation on the:
 1st day or 15th day of each month

Signature _____ Date _____

My cheque marked VOID is enclosed, OR

I have provided my bank account details below.

Account # _____

Transit # (5 Digits) _____ Institution # (3 Digits) _____

Account in name of: _____

I understand that I may make changes to my monthly gift simply by contacting OCPSA at 1-866-286-2772 or kira@ocpsa.com. I may revoke my authorization at any time with seven days notice.

I have certain recourse rights if any debit does not comply with this agreement. Example: I have the right to receive reimbursement for any debit that is not authorized or not consistent with this agreement.

To obtain more information on my right to cancel a Pre-Authorized Debit (PAD) Agreement or on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.