

3. GIVING OPTIONS

Credit Card

I prefer to make my partnership gift(s) by credit card:

- Visa MasterCard American Express

Card No. _____

Expiry Date _____

Name on card _____

Signature _____

Date Signed _____

To make a monthly or one-time credit card donation online please visit our website at powertochange.org.

Your support is very important to our ministry. We take every step necessary to ensure your money is used in a responsible and Christ-like manner. If you have any questions, please feel free to contact Partner Care at:

1.855.P2C.GIVE (722-4483) or via email at give@p2c.com.

Cheque

I have enclosed this month's donation by cheque or a void cheque to give my bank and account details.

I am a monthly supporter with Power to Change and this is an additional gift.

Please mail your cheque(s) payable to **"Power to Change"** and return them with this form. You may include postdated cheques for monthly giving.

**In cases where a cheque is submitted, receipts will be issued to the name on the cheque as per CRA regulations.*

Planned Giving

I would like to talk with someone regarding tax deductible gifts of securities, insurance policies or real estate.

TERMS OF AGREEMENT

I understand that the permission to charge my bank account or credit card company is the same as if I had personally signed a cheque to Power to Change Ministries. *This agreement will remain in effect until I have given reasonable notice to Power to Change Ministries instructing them to end this agreement.*

I understand that my bank or credit card company is responsible for the timely posting of all transactions from my account. If there are any discrepancies in the amount that has been transferred from my account in a given month, I will contact Power to Change Ministries directly for correction.

While Power to Change Ministries seeks to honour the expressed preference of each gift, I acknowledge that my gift is a gift to the ministry of Power to Change Ministries. As such, I understand that even though I have expressed my preference, Power to Change Ministries must retain the discretion to use my gift as it believes will best advance its charitable purposes. If my preference changes, it is my responsibility to inform Power to Change Ministries.

PRIVACY POLICY

At Power to Change Ministries we respect your privacy and the laws governing it, and are committed to keeping your personal information private between us. To demonstrate this commitment, we have adopted a Privacy Code that lists the privacy principles we observe. This Privacy Code is freely available from our Corporate Privacy Officer or at powertochange.org.

CANCELLATION OF AGREEMENT

You may revoke your authorization at any time, subject to providing notice of cancellation at least 15 days prior to date of cancellation. You may obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, you may contact your financial institution or visit www.cdnpay.ca.

RECOURSE/REIMBURSEMENT STATEMENT

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.



Financial Partnership Form



Power to Change Ministries is a charter member of the Canadian Council of Christian Charities.



Email: give@p2c.com
Toll Free: 1.855.P2C.GIVE (722-4483)
Phone: 604.514.2000 | Fax: 604.514.2061
20385 64th Avenue, Langley, BC V2Y 1N5
powertochange.org

“ I always pray with joy because of your partnership in the gospel from the first day until now. ”

Philippians 1:4-5



On behalf of our staff and ministries, we want to thank you for your partnership in equipping people on their faith adventure. Your involvement will make a difference in thousands of lives.

Leonard & Debbie Buhler
President, Power to Change



Steps to Complete

You can also make donations online. Visit powertochange.org to make a donation or become a monthly partner.

- 1 Fill out your personal information.**
Your full name and address are required to issue an official tax receipt at the end of each calendar year.
- 2 Choose a project or staff person to support.**
Decide how much you would like to give and what or who it is for. Be sure to indicate whether it is a monthly or a one-time gift.
- 3 Complete your giving information.**
On the opposite side of the form indicate whether funds will be withdrawn from your bank account, debited to your credit card, or if a cheque is enclosed.
- 4 To begin an automatic bank withdrawal,** enclose a void cheque or a cheque made payable to **“Power to Change”** for your first contribution. This will ensure that we have the necessary bank and account information to begin future automatic transfers. *Allow at least two weeks to process a new application, change or cancellation.*

Detach the form and send it to:

Power to Change Ministries
Attn: Partner Care
20385 64th Avenue,
Langley, BC V2Y 1N5

Be sure to read the important information on the back of this brochure.

Please fill out both sides of this form »

1. PERSONAL INFORMATION

Title Mr. Mrs. Ms.
 First Name _____
 Last Name _____
 Spouse's Name _____
 Address _____
 City _____ Prov. ____ PC _____
 Home Phone (____) _____
 Work Phone (____) _____
 Cell Phone (____) _____
 Email _____
 Would you like to receive email?
 From Staff From P2C No

2. PREFERRED GIFT DESIGNATION

My preference is that my gift to Power to Change be used for the following staff member, ministry or project.

	Monthly	One-Time
1. _____	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
2. _____	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
3. _____	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
4. _____	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
5. _____	<input type="checkbox"/>	<input type="checkbox"/> \$ _____

For monthly transfers please complete the following:

Transfer date 1st OR 15th
 Commencing (month & year) _____

Monthly Automatic Bank Withdrawal

I give my bank permission to transfer from my account each month the amount indicated on the opposite side of this form and pay to Power to Change Ministries. I understand that this transfer will continue until I otherwise notify Power to Change.

Signature _____
 Date Signed _____