

Become a friend of the hungry, the hurting, the homeless. Become a Friend of the Friendless.



We invite you to be a part of a special group of donors called *Friends of the Friendless...* compassionate people who make monthly gifts to the vital work of Edmonton's *Hope Mission*. By becoming a *Friend of the Friendless*, you can offer continu-

ing hope and care to the less fortunate in our community.

Monthly giving is now more convenient than ever—you can give a certain amount to Hope Mission every month, on a date you choose, and the amount can be debited automatically from your bank account or credit card.

Automatic Giving saves time and money both for you and for Hope Mission.

As a Friend of the Friendless, you are a special partner in the ministry of Hope Mission. Through our Newsletter, special notices and our Annual Report, you will be kept up to date with everything that's going on at Hope Mission.

Canceling or changing the amount of your donation is quick and easy—just call us.

We encourage you to consider becoming a Friend of the Friendless, as *it saves time and money for Hope Mission*, allowing us to use our resources more efficiently.

Mail completed form to :

**Hope Mission
PO Box 953**

Edmonton AB T5J 2L8

Thank you for partnering with us in this special way.

Please call if you would like more information.

(780) 422-2018 stberg@hopemission.com

Name _____

Address _____

City _____ Prov. _____ PC _____

Phone Number _____

I authorize Hope Mission to debit from my bank account / credit card a **monthly gift** in the amount of \$ _____ beginning on:

The 1st of _____, _____ (mo/yr) and the 1st of each month thereafter.

(or) the 15th of _____, _____ (mo/yr) and the 15th of each month thereafter.

When would you like to receive your tax receipts?

Check one: Monthly _____ End of Year _____

Type of Payment:

If this is a credit card please fill in the following:

Check one: VISA _____ MASTERCARD _____

Card Number _____

Name on the Card _____

Expires _____/_____

For a bank account/debit card please fill in the following:

Type of Account: Chequing _____ Savings _____

Account Number _____

If you are processing your gift on a bank/debit card, please include a **voided blank cheque** or voided deposit slip from the account which you would like us to use in processing your gifts.

Valid Signing Authority

I (we) authorize Hope Mission to process these transactions as outlined above. I (we) have read the Terms and Conditions on the reverse of this form. I (we) warrant that all persons whose signatures are required on this account have signed this agreement.

Signature _____ Date _____

Signature _____ Date _____



Terms and Conditions

Cancellation Agreement

I (we) acknowledge that, in order to completely revoke this authorization, I (we) must provide and deliver written notice of revocation to Hope Mission. I (we) may cancel this authorization at any time.

Acceptance of Delivery of Authorization

I (we) acknowledge that provision and delivery of this authorization to Hope Mission constitutes delivery by me (us) to the aforementioned financial institution. Any delivery of this authorization to Hope Mission constitutes delivery by me (us).

Validation by Financial Institution

I (we) acknowledge that the aforementioned financial institution is not required to verify that the debit has been issued in accordance with the particulars of the authorization, including the amount and frequency of the payments.

I (we) acknowledge that the aforementioned financial institution is not required to verify that any purpose of payment for which the debit was issued has been fulfilled by Hope Mission as a condition to honouring a preauthorized debit issued by Hope Mission on my (our) account.

Change of Account Information

I (we) undertake to inform Hope Mission, in writing, of any change in the account information provided in the authorization prior to the next due date of the debit.

I (we) acknowledge that I (we) shall be responsible for any costs incurred by Hope Mission that may arise from my (our) failure to immediately advise Hope Mission of any change, for any reason, to the information I (we) have given on this form. There will be a \$25 charge for NSF transactions.

Rights of Dispute

Items charged will be reimbursed subject to notification by me (us) to the branch of the account within 90 days under any of the following conditions:

- I (we) never provided the authorization to Hope Mission.
- The preauthorized debit was not drawn in accordance with this authorization.
- My (our) authorization was revoked.
- The debit was posted to the wrong account due to invalid/incorrect account information supplied by Hope Mission.