

YES, I want to help immigrants and refugees thrive!

Donation information

I would like to make a monthly donation of \$_____ per month.

I, as the account/card holder of the below account, authorize MOSAIC to withdraw the above amount on the 15th of every month. I understand that I can suspend my monthly donation at any time through a phone call or written notice to MOSAIC.

I would like to make a one-time donation of \$_____.

Please direct my donation toward: all the vital work of MOSAIC Family Centre Youth Seniors

Donor information

This donation is from: an individual a business

Title _____ First Name _____ Last Name _____

Company name (for business donations) _____

Full address _____

Email _____ Phone _____

Donations by credit card or cheque

A cheque is enclosed with my one-time donation (payable to MOSAIC).

Please charge my specified donation to the credit card below.

Signature of Card/Account Holder(s) _____ Date _____

Credit card type: Visa MasterCard American Express *CWV is the 3 or 4-digit security code on your credit card.

Card number _____ CWV*: _____

Expiry _____ / _____ Name on card _____

Donations by debit from bank account

Please direct debit my monthly donation from my account. A void cheque is enclosed for this use.

I understand that I can suspend my direct giving at any time, simply through a phone call or written notice to MOSAIC. I also understand that my contribution is tax-deductible. A tax receipt will be issued to me at the beginning of the next calendar year. I acknowledge that delivery of this authorization to MOSAIC constitutes delivery by me to the financial/credit institution on my void cheque. I have certain recourse rights if any debit does not comply with this agreement. For example, I 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 my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

Signature of Card/Account Holder(s) _____ Date _____

Tax receipts are provided for eligible donations of \$20 or more. Monthly donations are receipted on an annual basis. We respect your privacy and adhere to legislated privacy requirements. We do not sell, trade or rent out contact information. The information you provide will be used for tax receipts and to keep you informed of MOSAIC programs, services, events and fundraising activities. Charitable Reg. No. 13017-8130-RR0001

Mail completed form to:

MOSAIC, Corporate Partnerships & Social Investment
5575 Boundary Road, Vancouver, BC V5R 2P9

donate@mosaicbc.org
(604) 416-0511
mosaicbc.org

