



peers

VICTORIA RESOURCE SOCIETY

Date: _____

I want to support *PEERS Victoria Resources Society* through donations.

Donation type:

___ One time ___ Monthly

If monthly, please debit my bank account: (*attach VOID cheque*)

___ \$20 ___ \$50 ___ \$75 or Other Amount _____ (specify)

The debit will be processed to your account on the 16th day of each month or the next business day.

Signature: _____

Donor Name: _____

Address: _____

Phone: _____

E-mail: _____

This donation is made on behalf of: _____ an Individual _____ a Business

I may revoke my authorization for pre-authorized donations at any time, subject to providing notice of 10 days.

Cancellation can be done by emailing finance@peers.bc.ca or by phoning the number below.

PEERS Victoria Resources Society
1-744 Fairview Rd
Victoria, BC V9A 5T9
Tel: 250-388-5325
E-mail: finance@peers.bc.ca

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